HRPP Definitions

1. POLICY

It is the policy of the BVAMC IRB that standard definitions used in VHA Handbooks are used as the primary reference source for definitions if available. If not available, other sources, such as the FDA and PHS may be used.

The Purpose of this SOP is to provide a reference for definitions of words and terms used in the BVAMC SOPs.

2. RESPONSIBILITIES

This SOP applies to all personnel who reference the BVAMC HRPP SOPs. This can include BVAMC institutional officials, Research staff, IRB members and staff, investigators, study personnel, and oversight agencies

3. DEFINITIONS

Adverse Drug Event (ADE) An ADE is any adverse event and/or reaction that involves a drug which requires an intervention (discontinue current drug, lower dosage of current drug, add additional drugs, etc.).

Adverse Event (AE) An AE is defined as any untoward physical or psychological occurrence in a human subject participating in research. An AE can be any unfavorable or unintended event including an abnormal laboratory finding, symptom, or disease associated with the research or the use of a medical investigational test article. An AE does not necessarily have to have a causal relationship with the research, the research intervention, or the assessment.

Allegation of Non-Compliance A report or complaint of non-compliance that represents an unproven assertion. It is an assertion made by a second party that must be supported by evidence before it is considered to be confirmed. Allegations of non-compliance may come from a variety of sources, including, but not limited to: investigators,
collaborating researchers, research staff, research subjects or their families, IRB staff or IRB members, and BVAMC employees.

**Apparent Serious Noncompliance EXAMPLES**

Examples of apparent serious noncompliance that must be reported to the IRB within 5 business days include, but are not limited to: A finding of noncompliance with human research requirements by any VA office (other than ORO) or any other Federal or state entity (e.g., FDA). Subsequent reports to ORO based on findings made by entities external to the facility must include a copy of the official findings. The initiation of VA human subject research, regardless of level of risk or number of subjects, without written notification from the ACOS for Research that the project may begin and without IRB approval. Initiation of research interactions or interventions with one or more subjects prior to obtaining required informed consent (that has IRB approval) and required, signed Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule authorization. Failure to report one or more unanticipated SAEs or unanticipated serious problems involving risks to subjects or others as required. For a complete list of apparent non-compliance items see VHA Handbook 1058.01 Research Compliance Reporting Requirements.

An initial report of apparent serious or continuing non-compliance based on a research compliance officer consent document audit, research compliance officer regulatory audit, or other systematic research compliance officer audit is required regardless of whether disposition of the matter has been resolved at the time of the report.

**Alternate IRB Member**

A person officially appointed to serve in the absence of a specific primary voting member and authorized to deliberate and vote in the primary member’s absence. The alternate member’s specialty, qualifications and experience must be comparable to that of the primary member being replaced. An alternate can also be appointed for a non-voting member and can provide the same advice and guidance as the primary member in the primary member’s absence.

**Assent**

A child’s affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent (45 CFR 46.402(a)). In VA research, assent is also used in context with adults with impaired decision making capacity.

**Assurance**

A written commitment by the institution to protect human subjects participating in research and to comply with the requirements of 38 CFR Part 16. For the purposes of these SOPs, “assurance” and a “Federalwide Assurance” (FWA) are synonymous.
Authorized Prescriber: A provider who is authorized the use of an investigational device as a Principal Investigator (PI) or Site Investigator (SI).

Banked Specimens: Biological specimens collected and stored for future research purposes that are beyond the scope of work described in the original protocol and informed consent or those collected under a protocol designed for banking of specimens are considered banked biological specimens.

Bio-sketch: A 2-3 page form provided by funding agencies (i.e. NIHM or VA) that include the pertinent information from one’s CV in regard to education, qualifications, publications and research experiences.

Children: Persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted (45 CFR 46.402(a)).

Clinical Investigation: Any experiment that involves a test article and one or more human subjects, and that either (1) must meet the requirements for prior submission to the Food and Drug Administration (FDA) under 505(i) or 520(g) of the Federal Food, Drug, and Cosmetic Act, or (2) need not meet the requirements for prior submission to the FDA under these sections of the Federal Food, Drug and Cosmetic Act but the results of which are intended to be later submitted to, or held for inspection by, the FDA as part of an application for a research or marketing permit. The terms research, clinical research, clinical study, study, and clinical investigation are synonymous for purposes of FDA regulations 21 CFR 50.3(c) and 21 CFR 56.102(c).

Clinical Trial Cooperative Research and Development Agreement (CRADA) or Clinical Trial Agreements (CTA) are written agreements specifying that the BVAMC will conduct the research in accordance with the written protocol, applicable laws and the BVAMC ethical standards. CT-CRADAs are signed by the BVAMC Director, the sponsor, the President of VISTAR and the PI. These agreements include financial and material obligations, ownership of inventions and intellectual property, licensing, ownership and rights of access to data and publication, confidentiality, representations and warranties, expiration and termination, dispute resolution, liability and arrangements for medical care for research participants with a research-related injury, and prompt reporting of findings that could affect the safety of participants or their willingness to continue participation, influence the conduct of the study, or alter the IRB’s approval to continue the study.
### CMS Data: Centers for Medicare and Medicaid Services (CMS)

CMS is a Federal agency within HHS that administers the Medicare program and works in partnership with state governments to administer Medicaid, the State Children’s Health Insurance Program (SCHIP), and health insurance portability standards. Additionally, CMS has other responsibilities, including the administrative simplification standards from the HIPAA Security Rule.

### CMS Data Research Advisory Board (RAB)

The RAB was established by the VHA Office of Research and Development (ORD) to provide oversight and guidance on policies and procedures that govern the warehousing, management, and distribution of CMS data at the VA Information Resource Center (VIReC), including privacy, data security, and compliance issues. The RAB is comprised of representatives from: Health Services Research and Development (HSR&D) Service; VA Central Office and field researchers; the VHA Office of Privacy Compliance Assurance; the Office of the Assistant Deputy Under Secretary for Health for Policy and Planning; the Office of Information and Technology (OI&T); the Hines VA Hospital Institutional Review Board (Hines IRB); and VIReC.

### Coded Data

Coding consists of labeling information with a code that

- Does not include any patient identifiers (18 HIPAA identifiers)
- Is not derived from or related to the 18 HIPAA identifiers
- Cannot be translated so as to identify the individual. Thus, initials, Social Security Numbers (SSNs) and so on may not be used as codes, even in partial or scrambled form.

Codes provide a link by which identities can be accessed through a key held separately from the coded data. For example, the code might be a barcode or a combination of random numbers and letters. If sensitive VA research data are coded, the key to linking the code with these identifiers must be stored within the VA and on VA servers.

### Cognitively Impaired

Having either a psychiatric disorder (e.g., psychosis, neurosis, personality or behavior disorders), an organic impairment (e.g., dementia), or a developmental disorder (e.g., mental retardation) that affects cognitive or emotional functions to the extent that capacity for judgment and reasoning is significantly diminished. Others, including persons under the influence of or dependent on drugs or alcohol, those suffering from degenerative diseases affecting the brain, terminally ill patients, and patients and persons
with severely disabling physical handicaps, may also be compromised in their ability to make decisions in their best interests (Office of Human Research Protections (OHRP) Guidebook, chapter 6, section D). For the purposes of this SOP, the phrase “impaired decision-making capacity,” is synonymous with “cognitively impaired.” Cognitive impairment may be temporary, permanent, or may fluctuate over time.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Complaint</td>
<td>A verbal expression of pain, dissatisfaction, or resentment. A cause or reason for complaining; a grievance. Additionally, a complaint could be a bodily disorder or disease; a malady or ailment.</td>
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<tr>
<td>Conflict of Interest (COI)</td>
<td>Any situation in which financial or personal obligations or interests may compromise or present the appearance of compromising an individual’s or group’s professional judgment in conducting, reviewing, or reporting research. An appearance of COI is when the circumstances would cause a reasonable person with knowledge of the relevant facts to question an employee’s impartiality in the review and conduct of human research protocols. The appearance of a conflict of interest from the point of view of a disinterested party is considered a potential conflict of interest. This can be as serious and potentially damaging to the public trust as an actual conflict. Therefore, potential conflicts of interest must be disclosed, evaluated, and managed with the same thoroughness as actual conflicts.</td>
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<tr>
<td>Continuing Non-compliance</td>
<td>Persistent failure to adhere to the laws, regulations, or policies governing human research. Continuing non-compliance is a persistent failure to adhere to the laws, regulations or policies governing human research. A pattern of repeated actions or omissions that indicates a lack of ability or willingness to comply with relevant Federal, State or local laws or regulations, VHA Handbook 1200.05, MCM 151-06 Research Misconduct, HRPP policies and procedures, other applicable BVAMC HRPP policies, or determinations of the IRB or R&amp;D Committee. An initial report of an IRB determination that continuing non-compliance occurred is required, even where the determination is preliminary or disposition of the matter has not been resolved at the time of the report. The IRB must reach a determination that serious or continuing non-compliance did (or did not) occur within 30-45 days after receiving a report of apparent non-compliance.</td>
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Corporate Data Warehouse (CDW)  
The CDW is a national repository of VHA administrative and clinical data collected from 1999 to the present. There are numerous processing platforms available. Resource guides are available at [http://vaww.va.gov/hia/](http://vaww.va.gov/hia/); for Capri or VistaWeb data [http://vaww.vinci.med.va.gov/vincicentral/default.aspx](http://vaww.vinci.med.va.gov/vincicentral/default.aspx); for VINCI data

CRADA  
Clinical Trial Cooperative Research and Development Agreement (CRADA) or Clinical Trial Agreements (CTA) are written agreements specifying that the BVAMC will conduct the research in accordance with the written protocol, applicable laws and the BVAMC ethical standards. CT-CRADAs are signed by the BVAMC Director, the sponsor, the President of VISTAR and the PI. These agreements include financial and material obligations, ownership of inventions and intellectual property, licensing, ownership and rights of access to data and publication, confidentiality, representations and warranties, expiration and termination, dispute resolution, liability and arrangements for medical care for research participants with a research-related injury, and prompt reporting of findings that could affect the safety of participants or their willingness to continue participation, influence the conduct of the study, or alter the IRB’s approval to continue the study.

Curriculum Vitae (CV) or Resume  
A short account of one's career, education, qualifications, publications, and presentations.

De-identified Data  
Health information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

De-identified data are data that have been de-identified in accordance with both the HIPAA Privacy Rule (45 CFR 164.51) and the Common Rule provision that the identity of the subject cannot be readily ascertained by the investigator or be associated with the information. VHA would consider health information no longer protected health information (PHI) if it has been appropriately de-identified in accordance with the HIPAA Privacy Rule as outlined in VHA Handbook 1605.1, Appendix B. For protected health information to be de-identified, all of the following 18 types of identifiers must be removed:

1) Names or initials
2) All geographic subdivisions smaller than a state
3) All elements of dates except the year and all ages over 89
4) Telephone numbers
5) Fax numbers
6) E-mail addresses
7) Social Security Numbers (or scrambled Social Security Numbers)
8) Medical record numbers
9) Health plan beneficiary numbers
10) Account numbers
11) Certificate or license numbers
12) Vehicle identifiers and license plate numbers
13) Device identifiers and serial numbers
14) URLs
15) IP addresses
16) Biometric identifiers, including finger and voice prints
17) Full-face photographs and any comparable images
18) Any other unique identifying number, characteristic or code, unless otherwise permitted by the Privacy Rule for re-identification

HIPAA identifiers also pertain to the person’s employer, relatives, and household members. Along with removing the 18 identifiers, HIPAA also states that for the information to be considered de-identified, the entity does not have actual knowledge that the remaining information could be used alone or in combination with other information to identify an individual who is the subject of the information.

According to the Common Rule, de-identification involves removal of all information that would identify the individual or would be used to readily ascertain the identity of the individual.

*Note: For VA research purposes, VA research data are considered to be “de-identified” only if they meet the de-identification criteria of BOTH HIPAA (i.e., removal of all 18 identifiers) AND the Common Rule.*

**Device – Non-Significant Risk (NSR)**
A device that does not present significant risk to human subjects.

**Device – Significant Risk (SR)**
A device that presents a potential for serious risk to the health, safety or welfare of human subjects. (21 CFR 812.3) Such a device is
- Intended for use as an implant;
- Used in supporting or sustaining life;
• Intended for a use that is of substantial importance in diagnosing, curing, mitigating or treating disease, or otherwise preventing impairment of human health; or
• One that otherwise presents a potential for serious risk to the health, safety, or welfare of subjects.

Device - Unapproved
A device that is used for a purpose or condition for which the device requires, but does not have, an approved application for pre-market approval under section 515 of the Federal Food, Drug and Cosmetic (FD&C) Act [21 U.S.C. 360 (e)]. An unapproved device may be used in human subjects only if approved for clinical testing under an approved application for an Investigational Device Exemption (IDE) under section 520 (g). Medical devices that have not received marketing clearance under section 510(k) of the FD&C Act are also considered unapproved devices.

Disclosure
The formal written process of documenting all aspects relating to the development of potential intellectual property for the purpose of determining and assigning ownership.

Durable Power of Attorney for Health Care (DPACH)
A legally appointed health care agent who has the power to make health care decisions on behalf of an incompetent person (either physically or mentally incompetent).

Emergency Use of an Investigational or Unlicensed Test Article
The use of a test article in a life-threatening situation in which no standard acceptable treatment is available, and in which there is not sufficient time to obtain IRB approval (21 CFR 56.102). Emergency use of a test is not exempt from the FDA regulatory requirements to obtain and document informed consent from the participant or the participant’s legally authorized representative unless conditions for exemption are met.

Employee
Refers to any employee of the Department of Veterans Affairs to include Without Compensation (WOC) employees or appointment through an Intergovernmental Personnel Act (IPA) appointment. Status as an employee is unaffected by pay or leave status.

“Engaged” in Research
In general, a VA facility is considered “engaged” in a particular non-exempt human subjects research study when an individual with a VA appointment (including full and part-time employees, WOC employees, and employees under the IPA of 1970) at that facility obtains for the purposes of the research study:
• Data about the subjects of the research through intervention or interaction with them;
• Identifiable private information about the subjects of the research; or
- The informed consent of human subjects for the research.

When a VA facility is engaged in human subject research, it must:
- Hold an FWA;
- Have a VA PI or LSI for that study; and
- Have the facility’s IRB of record approve the study.

### Equity
The monetary value of a property or of an interest in a property in excess of claims or liens against it.

### Exempt Research
Includes research activities in which the only involvement of human subjects is in one or more of the categories listed in 38 CFR 16.101(b). The exempt status must be determined by the IRB Chair or an IRB voting member designated by the Chair. There must be no statutory requirement that the project be reviewed by the IRB, and the project must not involve significant physical invasions or intrusions upon the privacy of participants. The exemption should have authorization or concurrence by the funding agency. Please see SOP on Exempt Research for the categories and how to apply.

### Expected Adverse Event (EAE)
An EAE is any adverse event that is already known (i.e. symptom of a premorbid medical illness or known side effect of a medication listed in the informed consent and/or investigator brochure or product labeling).

### Expedited Review Procedure for Research
In contrast to a convened IRB review process, the expedited review process consists of a review carried out by the IRB Chair or by one or more experienced voting members of the IRB designated by the IRB Chair in accordance with 38 CFR 16.110(b). For more detailed information see SOP on Expedited Research.

### Experimental Subject – Research Involving a Human Being as –
(Department of Defense {DOD} Regulations)
An activity, for research purposes, where there is an intervention or interaction with a human being for the primary purpose of obtaining data regarding the effect of the intervention or interaction (32 CFR 219.102(f), reference (c)). Examples of interventions or interactions include, but are not limited to, a physical procedure, a drug, a manipulation of the subject or subject's environment, the withholding of an intervention that would have been undertaken if not for the research purpose. This does not include:
- Activities carried out for purposes of diagnosis, treatment, or prevention of injury and disease in members of the Armed Forces and other mission essential personnel under Force Health Protection programs of the Department of Defense.
- Authorized health and medical activities as part of the reasonable practice of medicine or other health professions.
- Monitoring for compliance of individuals and organizations with requirements applicable to military, civilian, or contractor personnel or to organizational units. This includes such activities as drug testing, occupational health and safety monitoring, and security clearance reviews.
- Activities exempt under 32 CFR Part 219 (reference (c)).
- If the research subject does not meet the DOD definition of “experimental subject”, the IRB is allowed to waive the consent process.

**FDA regulated test article**

Includes drugs (including botanicals, biological, and gene therapy, and genetically derived products that meet the definition of a “drug”), and medical devices for human use. (21 CFR 50.3, Definitions (j))

**Federal Certificate of Confidentiality**

Certificates of Confidentiality are issued by the National Institutes of Health (NIH) to protect identifiable research information from forced disclosure. They allow the investigator and others who have access to research records to refuse to disclose identifying information on research participants in any civil, criminal, administrative, legislative, or other proceeding, whether at the federal, state, or local level. Certificates of Confidentiality may be granted for studies collecting information that, if disclosed, could have adverse consequences for subjects or damage their financial standing, employability, insurability, or reputation. By protecting researchers and institutions from being compelled to disclose information that would identify research subjects, Certificates of Confidentiality help achieve the research objectives and promote participation in studies by assuring confidentiality and privacy to participants.

**Federalwide Assurance (FWA)**

See “Assurance”

**Fee-Basis VA Employees**

VA employees who are working for the VA on an individual contract and not through a company or corporation.

**Fetus**

The product of conception from the time of implantation until delivery.

**Financial Interest**

Financial interests are limited to those owned by the employee or by the employee’s spouse or minor children. It includes any current or contingent ownership, equity, or security interest in real or personal property or a business and may include an indebtedness or compensated employment relationship. It includes interests in the nature of stocks, bonds, partnership interests, fee and leasehold interests, mineral and other property rights, deeds of trust, and liens.
It extends to any right to purchase or acquire any such interests, such as a stock option or commodity future. It does not include a future interest created by someone other than the employee, the employee’s spouse, or dependent child or any right as a beneficiary of an estate that has not been settled. It does include service, with or without compensation, as an officer, director, trustee, general partner, or employee of any person, including a nonprofit entity, whose financial interests are imputed to the employee (5 CFR 2635.403(c)).

Financial Conflict of Interest

A situation where an individual, group, or institution may benefit financially from the performance of, outcome of, or reporting of a research project.

Finding of Non-Compliance

A report or complaint of non-compliance that is true or an allegation of non-compliance that is determined to be true.

Fluctuating Capacity

Investigators, IRB members, and LARs must be aware that decision-making capacity may fluctuate in some subjects. For subjects with fluctuating decision making capacity or those with decreasing capacity to give consent, a re-consenting process with surrogate consent may be necessary (see subpar. 49c).

Generalizable Knowledge

Information that expands scientific understanding or the knowledge base of a scholarly field of study.

Gift

Any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. This includes services as well as gifts of training, transportation, local travel, lodgings and meals, whether provided in-kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred. It does not include:

- Modest items of food and refreshments
- Greeting cards and other items of little intrinsic value
- Loans from banks or other financial institutions on terms generally available to the public
- Opportunities and benefits available to the public or to a class consisting of all government employees, whether or not restricted on the basis of geographic considerations
- Rewards and prizes given to competitors in contests or events open to the public unless the employee’s entry into the contest or event is required as part of their official duties
- Pension or other benefits resulting from continued participation in an employee welfare and benefits plan maintained by a former employer
• Anything which is paid for by the government or secured by the government under contract
• Anything for which market value is paid for by the employee

(5 CFR 2635.203(b))

Health Information

Any information created or received by a health care provider or health plan that relates to: the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or payment for the provision of health care to an individual. This encompasses information pertaining to examination, medical history, diagnosis, and findings or treatment, including such information as: laboratory examinations, X-rays, microscopic slides, photographs, prescriptions, etc.

HIPAA

Health Insurance Portability and Accountability Act

HIPAA Identifiers

Any one of the identifiers listed under the HIPAA Privacy Rule (45 CFR 164.51) and the Common Rule provision. For protected health information, all of the following 18 types of identifiers meet this definition:

1) Names or initials
2) All geographic subdivisions smaller than a state
3) All elements of dates except the year and all ages over 89
4) Telephone numbers
5) Fax numbers
6) E-mail addresses
7) Social Security Numbers (or scrambled Social Security Numbers)
8) Medical record numbers
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14) URLs
15) IP addresses
16) Biometric identifiers, including finger and voice prints
17) Full-face photographs and any comparable images
18) Any other unique identifying number, characteristic or code, unless otherwise permitted by the Privacy Rule for re-identification

HIPAA identifiers also pertain to the person’s employer, relatives, and household members.
| **HRPP Resources** | HRPP Resources include administrative personnel, consultants, computer and office equipment, budget, secure storage space, office space, space to permit private communication, access to conference rooms, and furniture. HRPP resources also include IRB, R&D Committee, and R&D Continuous Quality Improvement Team members. |
| **Human Biological Specimen** | Any material derived from a human subject—such as blood, urine, tissues, organs, hair, nail clippings, or any other cells or fluids—whether collected for research purposes or as residual specimens from diagnostic, therapeutic, or surgical procedures. |
| **Humanitarian Use Device (HUD)** | Defined by the FDA as a device intended to benefit patients in the treatment and diagnosis of disease or conditions that affect or is manifested in fewer than 4,000 individuals in the US per year. Designation of a device as a HUD is determined by the Office of Orphan Products Development. Use of an HUD within its approved labeling does not constitute research. |
| **Human Research Protection Program** | A HRPP is a comprehensive system to ensure the protection of human subjects participating in research. At a local VA facility the HRPP consists of a variety of individuals and committees including but not limited to, the VA Facility Director, Associate Chief of Staff (ACOS) for Research and Development (R&D), the Administrative Officer (AO) for R&D, Research Compliance Officer (RCO), the R&D Committee, the Institutional Review Board (IRB), other committees or subcommittees addressing human subjects protection (e.g., Subcommittee on Research Safety, Institutional Biosafety Committee, Radiation Safety Committee, Radioactive Drug Research Committee, Conflict of Interest Committee, investigators, IRB staff, research staff, health and safety staff (e.g., Biosafety Officer, Radiation Safety Officer), and research pharmacy staff. The objective of this system is to assist the Institution in meeting ethical principles and regulatory requirements for the protection of human subjects. |
| **Human Subject** | A living individual about whom an investigator (whether professional or student) conducting research obtains 1) data through intervention or interaction with the individual or 2) identifiable private information.” |

Title 38 CFR Part 16 defines a human subject as a living individual about whom an investigator (whether professional or student) conducting research obtains either:
• Data through intervention or interaction with the individual (interaction includes communication or interpersonal contact between the researchers and the subject or
• Identifiable private information (38 CFR 16.102(f))

For research covered by the Food and Drug Administration (FDA) regulations, human subjects mean an individual who is or becomes a participant in a clinical investigation, either as a recipient of the test article or as a control.(21 CFR 50.3(g) and 21 CFR 66.102(c))

For research covered by FDA device regulations, subject means a human who participates in an investigation, either as an individual on whom or on whose specimen an investigational device is used or as a control. A subject may be in normal health or may have a medical condition or disease (21 CFR 812.3(p))

Imminent Threat of an AE in Research
Any situation in which an AE in research has not yet occurred but is likely to occur, as determined by an IRB, research, or clinical team member, without preventative measures.

Imputed Interests
The financial interests of the following persons are considered to the same extent as if they were the employee’s own interests:

• Employee’s spouse
• Employee’s minor child
• Employee’s general partner in a business
• An organization in which the employee serves as officer, director, trustee, general partner, or employee
• Any person with whom the employee is negotiating or has an arrangement concerning prospective employment

Individually-identifiable Health Information
A subset of health information, including demographic information collected from an individual, that is:

• Created or received by a health care provider, health plan, or health care clearinghouse;
• Relates to the past, present, or future condition of an individual and provision of or payment for health care; and
• Identifies the individual or a reasonable basis exists to believe the information can be used to identify the individual.

Informed Consent
An individual’s voluntary agreement, based upon adequate knowledge and understanding of relevant information, to participate
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<th>Term</th>
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<tr>
<td>Institutional Conflict of Interest (COI)</td>
<td>An institutional COI may occur when the institution, or any of its senior management, has an external relationship or financial interest in a company or organization that itself has a financial interest in a VA investigator’s research project.</td>
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<td>Institutional Official (IO)</td>
<td>The IO is the individual legally authorized as Signatory Official to commit an institution to an Assurance. The IO serves as the official representative of the institution to external agencies and oversight bodies and provides all written communication with external departments, agencies, and oversight bodies.</td>
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<tr>
<td>Institutional Review Board (IRB)</td>
<td>A board, committee, or other group formally designated by an institution to review, approve, require modification in, disapprove, and conduct continuing oversight of human research in accordance with 38 CFR Part 16 and other applicable VA and Federal requirements.</td>
</tr>
<tr>
<td>Intellectual Property (Invention)</td>
<td>Intellectual property is any art, machine, manufacture, design, or composition of matter, or any variety of plant, which is or may be patentable under the patent laws of the United States.</td>
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<tr>
<td>Intentional or Willful Non-compliance</td>
<td>This includes fraud or deception by an investigator or member of the research team or by IRB members, IRB staff, the R&amp;D Committee members or the BVAMC Research Compliance Officer. The intent is usually to mislead study subjects, other investigators, study sponsors, or others regarding study procedures or results. All intentional or willful non-compliance is considered serious non-compliance. This type of non-compliance may also be determined to be research misconduct.</td>
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<tr>
<td>Interaction</td>
<td>Any communication or interpersonal contact between investigator and participant.</td>
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<td>International Research</td>
<td>VA international research is any VA-approved research conducted at international sites (not within the United States (U.S.), its territories, or Commonwealh; any VA-approved research using either human biological specimens (identified, de-identified, or coded) or human data (identified, de-identified, or coded) originating from international sites; or any VA-approved research sending such specimens or data out of the U.S. NOTE: For the purpose of BVAMC HRPP SOPs, research conducted at U.S. military bases, ships, or embassies is not considered international research.</td>
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research. To conduct international research the following must take place:

1) With the exception of Cooperative Studies Program activities, a waiver from the CRADO is not required to conduct international research. Approval must be granted by the Facility Director.
2) All international sites must hold an FWA and the research must be approved by the IRB or Ethics Committee of the participating sites listed on the international FWA.
3) The investigator must conduct the research in accordance with VA requirements and all other applicable federal requirements for protecting human subjects, tissue banking, use of databases, federal criminal laws, and the standards of ethical conduct for employees of the executive branch.
4) For international research involving the Department of Defense the investigator must provide DOD and the IRB with verification that the country or local ethics committee has reviewed and certified the research.
5) The investigator must follow all local laws, regulations, customs, and practices of each country that the international research is being conducted in.

**Intervention**

Includes both physical procedures by which data are gathered and manipulations of the participant or the participant's environment that are performed for research purposes.

**Inventor**

The individual responsible for the conception or reduction to practice of a device or process.

**Investigational Device**

A medical device that is the subject of a clinical study designed to evaluate the effectiveness and/or safety of the device. As further stated, a device is any healthcare product that does not achieve its primary intended purpose by chemical action or by being metabolized.

**Investigational Device Exemption**

An Investigational Device Exemption (IDE) is an application to FDA that allows an investigational significant risk device to be used in a clinical investigation to collect safety and effectiveness data. If the device is a non-significant device, it is considered to have an approved application for IDE after IRB approval is obtained.

IDE means an investigational device exemption in accordance with 21 CFR 812. To be classified as an IDE the device must fulfill one of these categories:
• A device, other than a transitional device, in commercial distribution immediately before May 28, 1976, when used or investigated in accordance with the indications in labeling in effect at that time.
• A device, other than a transitional device, introduced into commercial distribution on or after May 28, 1976, and that is issued or investigated in accordance with the indications in the labeling FDA reviewed under subpart E of part 807 in determining substantial equivalence.
• A diagnostic device, if the sponsor complies with applicable requirements in 21 CFR 809.10© and if the testing is;
  o Noninvasive and does not require an invasive sampling procedure that presents significant risk.
  o Does not by design or intention introduce energy into a subject.
  o Is not used as a diagnostic procedure without confirmation of the diagnosis by another, medically established diagnostic product or procedure.
  o A device undergoing consumer preference testing, testing of a modification, or testing of a combination of two or more device in commercial distribution, if the testing is not for the purpose of determining safety or effectiveness and does not put subjects at risk.
  o A customer device as defined in 21 CFR 812.3(b), unless the device is being used to determine safety or effectiveness for commercial distribution.

**Investigational Drug**  A chemical or biologic drug that is used in a clinical investigation. An investigational drug can be a new chemical compound, which has not been released by the FDA for general use, or an approved drug that is being studied for an approved or unapproved use, dose, dosage form, administration schedule, or under an Investigational New Drug (IND) application, in a controlled, randomized, or blinded clinical trial.

Concurrent medications, comparators, or rescue medications used in the investigational trial that are not the drug(s) being studied are not defined as investigational drugs unless they are not commercially approved or not available through commercial channels. Prescription drugs, over-the-counter drugs, nutritional supplements, herbal preparations, and legend items used for diagnosis or treatment and meeting the definition for an investigational drug above, are considered investigational drugs.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Investigational New Drug (IND) Application</td>
<td>An IND is an application to the FDA that allows an investigational drug or biological product to be studied in humans. An IND must be in effect prior to shipment and administration of investigational drug or biological products (see 21 CFR 312). An Investigator IND application is submitted by an investigator who both initiates and conducts an investigation using an investigational drug that is not otherwise exempt from IND and under whose immediate direction the investigational drug is administered or dispensed. A physician might submit a research IND to propose studying an unapproved drug, or an approved product for a new indication or in a new patient population. There are two IND categories: Commercial or Research (non-commercial).</td>
</tr>
<tr>
<td>Investigator</td>
<td>Any individual who conducts research involving human subjects, including, but not limited to: the Principal Investigator (PI), Co-PI, co-investigator. The investigator must uphold professional and ethical standards and practices, adhere to all applicable Federal requirements, and comply with applicable local policies and procedures.</td>
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<td></td>
<td>The principal investigator, sub- or co-investigator, and other BVAMC staff, volunteer staff, and research collaborators (including visiting scientists) responsible for the design, conduct, or reporting of research or educational activities, or responsible for preparing a proposal for research funding. “Investigator” includes the investigator’s spouse and dependent children. This may also include post-doctoral fellows and other staff.</td>
</tr>
<tr>
<td>IRB of Record</td>
<td>The IRB(s) designated under a VA facility’s FWA for review and oversight of the facility’s human subject research.</td>
</tr>
<tr>
<td>Legally Authorized Representative (LAR)</td>
<td>An individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject’s participation in the procedure(s) involved in the research. Consent by a legally authorized representative is limited to situations where the prospective participant was incompetent or had impaired decision-making capacity, as determined and documented in the person’s medical record in a signed and dated progress note. The following persons may be authorized to consent on behalf of persons who lack decision-making capacity in the following order of priority;</td>
</tr>
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</table>


1) Health care agent (i.e., an individual named by the individual in a Durable Power of Attorney for Health Care (38 CFR.17.32(a)(iii));
2) Legal guardian or special guardian;
3) Next of kin in this order: a close relative of the patient 19 years of age or older, in the following priority: spouse, child, parent, sibling, grandparent, or grandchild; or
4) Close friend.

**NOTE:** An individual who is qualified as a LAR to provide informed consent on behalf of a prospective research subject may not always qualify as a personal representative for purposes of consent to use or disclose a human subject’s PHI (i.e., signing a HIPAA authorization). Therefore, in circumstances involving authorization for use or disclosure of a human subject’s PHI, the investigator must ensure the LAR meets the requirements of a personal representative (legal guardian or power of attorney) in HIPAA and the Privacy Act of 1974 prior to the LAR’s signing a HIPAA authorization (see VHA Handbook 1605.1).

**Limited Data Sets**
The use of limited data sets does not require HIPAA-Compliant authorization or a waiver of HIPAA-Compliant authorization, but does require a data use agreement (DUA) or Data Transfer Agreement (DTA). Their use is only allowed for research, public health, or health care operations. Limited data sets have the following characteristics:

They exclude certain direct identifiers that apply to
- The individual
- The individual’s relatives
- The individual’s employers
- The individual’s household members

They may contain
- City, state, ZIP code
- Elements of a date and other numbers
- Characteristics or codes not listed as direct identifiers
- Identifiable information, such as scrambled Social Security Numbers (SSNs)

**Local Adverse Events**
Events that occur at either the Birmingham VA Medical Center or at the University of Alabama at Birmingham.

**Minimal Risk**
The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.
Modifications to Previously Approved Research Eligible for Expedited Review Process

Modifications or amendments to previously approved research are eligible for the expedited review process if the modification or amendment meets applicable criteria as outlined in the Expedited Review SOP. Criteria for determining that changes in previously approved research during the period for which the approval is authorized are minor (minimum risk to research participants and does not affect the regulatory approval criteria 1-7), include but are not limited to, addition or deletion of investigators, consultants, or other members of the research team, minor grammar and format changes, deletion of procedures that decrease the risks or burden to subjects, protocol clarifications that do not result in change to the actual procedures or risk to subject, changes that do not exceed or increase the risks of the study identified at the initial or continuing review, study closure, and completion of a study.

Modification to Previously Approved Research for Convened IRB Review

When a proposed change in a research study is not minor (e.g. procedures involving increased risk or discomfort are to be added), the IRB must review the change at a convened IRB meeting and approve it if it meets applicable approval criteria listed in the Protocol Modification checklist. If tabled, the IRB will ask the investigator for more information. If more information is required for IRB approval this will be conveyed to the Investigator in writing. The full convened IRB will review these materials and approve them if they meet regulatory criteria for approval.

Non-compliance

A failure to follow the relevant Federal, State, or local laws or regulations or the requirements and determination of the IRB, R&D or BVAMC HRPP, including non-compliance with VA requirements. Non-compliance may range from minor to serious, may be unintentional or willful, and may occur once or more times.

Non-Profit Funding Mechanism (VISTAR)

Established pursuant to 38 U.S.C. sect 7361, et seq., and as such facilitates approved VAMC research to assist with flexible funding of the studies which have been approved by the BVAMC R&D Committee and IRB and shall use all reasonable efforts to ensure performance of the CT-CRADA agreements.

Non-sensitive VA Research Data

Once data have been summarized, submitted for publication, or published, the data are not considered “sensitive.”

Non-serious non-compliance

Non-compliance that does not increase risk to participants or compromise the rights and welfare of participants. Some examples of non-compliance that may be considered non-serious are: failure
to notify the IRB before an investigator is added to, or removed from, an ongoing study, and posting an IRB approved advertisement without an IRB-approval stamp.

**Outreach Materials**
Any media forms (e.g., pamphlets, brochures, or flyers) that provide research participants with education or information regarding research involving human participants.

**Contact Information**
For questions, concerns, or complaints, contact the Informed Consent document. The number of the principal investigator is listed for general questions involving the research project or study. The other number is for the IRB administrator who in turn will contact the current IRB member designated to handle calls that may be more sensitive such as concerns, questions or complaints about the study. If unavailable, the subject can contact the Patient Representative (i.e. in HRPP posted notice and/or consent forms).

**Patent**
An official written document securing to an inventor for a term of years the exclusive right to make, use, or sell an invention.

**Personal Conflict of Interest**
A situation where personal obligations compromise or appear to compromise an individual’s or group’s professional judgment in conducting, reviewing, or reporting research. This may occur when the investigator serves dual roles such as investigator and health care provider. Other interests such as publications, promotion or tenure can also become conflicts of interest that may affect an investigator’s judgment.

**Pregnancy**
Encompasses the period of time from implantation until delivery.

**Preparatory to Research**
Data repositories (including VA medical records) may be used (i.e., accessed) by VA investigators for activities that are preparatory to VA research without the requirement to obtain either a HIPAA authorization from the subject or waiver of HIPAA authorization by the IRB.

This includes use of PHI for the preparation of a research protocol prior to submission to the IRB(s). “Preparatory to research” activity is the only instance of access for research purposes allowed in VHA without a written HIPAA authorization signed by the individual, a waiver of HIPAA authorization by the IRB, or approval by the IRB(s). This access is granted only to VHA researchers. Non-VHA researchers may not access VHA data for reviews preparatory to research.
Additionally, the investigator must make the representations necessary for preparatory access as required by the HIPAA Privacy Rule and document it in the investigator’s research files. The representations required by the HIPAA Privacy Rule are:

- Access to PHI is only to prepare a protocol;
- No PHI will be removed from the covered entity (i.e., VHA) and
- PHI accessed is necessary for preparation of the research proposed.

Only aggregate data may be recorded in the researcher’s files, and these aggregate data may be used only for background information, to justify the research, or to show that there are adequate numbers of potential subjects to allow the investigator to meet enrollment targets or sample size requirements. Individually identifiable health information may not be recorded. Data or information reviewed may not be used for contacting or recruiting subjects.

**Protocol deviation**

An alteration of the procedures stated in the protocol approved by the IRB.

Examples of a Protocol deviation may include, but are not limited to:

- Incorrectly performed tests
- Incorrect handling of samples
- Visits arranged outside of study window
- Participant failure to comply with study requirements

**Protocol Violations**

Non-compliance (by being omitted or committed) of a procedure outlined by the study protocol, standard operating procedures of the medical center, HRPP or the IRB. Major violations expose participants to increased risk or compromise the integrity of the study and could result in a Serious Adverse Event.

Examples of a protocol violation may include but are not limited to:

- Any action that may pose a significant risk of substantive harm to research participants
- Inclusion/exclusion criteria not fulfilled
- Prohibited medication used
- Missing tests required for study
- Informed consent signed after study procedures performed
- Enrollment of more participants than approved by the IRB
- Signification variations/errors in drug dosing or timing of visits
- Protocol violations identified by sponsor monitor visits or study coordinator that affect the safety of a participant or the
integrity of study data
  • Cause damage to the scientific integrity of the data collected
  • Result from evidence of willful or knowing misconduct on the part of the investigator.

<table>
<thead>
<tr>
<th>Research Misconduct</th>
<th>Fabrication, falsification or plagiarism in proposing, performing or reviewing research, or in reporting research results.</th>
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</thead>
<tbody>
<tr>
<td>Principal Investigator (PI)</td>
<td>The PI is a qualified person or persons designated by an applicant institution to direct a research project or program and who usually writes the grant application. The PI oversees the scientific, technical, and day-to-day management of the research. In the event of an investigation conducted by a team of individuals, the PI is the responsible leader of the team. FDA considers PI and investigator to be synonymous.</td>
</tr>
<tr>
<td>Prisoner</td>
<td>Any individual involuntarily confined or detained in a penal institution. The term is intended to encompass individuals sentenced to such an institution under a criminal or civil statute, individuals detained in other facilities by virtue of statutes or commitment procedures that provide alternatives to criminal prosecution or incarceration in a penal institution, and individuals detained pending arraignment, trial, or sentencing.</td>
</tr>
<tr>
<td>Private Information</td>
<td>Information about behavior that occurs in a context in which an individual can reasonably expect will not be made public (for example, a medical record).</td>
</tr>
<tr>
<td>Protected Health Information (PHI)</td>
<td>Individually-identifiable health information maintained in any form or medium. This information must relate to 1) the past, present, or future physical or mental health, or condition of an individual; 2) provision of health care to an individual; or 3) payment for the provision of health care to an individual. If the information identifies or provides a reasonable basis to believe it can be used to identify an individual, it is considered individually identifiable health information. Note: PHI excludes employment records held by a covered entity in its role as an employer</td>
</tr>
<tr>
<td>Quorum</td>
<td>A majority of the voting members. At meetings of the IRB, a quorum must be established and maintained for the deliberation and vote on all matters requiring a vote. A member with a conflict of interest cannot contribute to the quorum, be present for the</td>
</tr>
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</table>
discussion of the issue for which they are conflicted, except to answer questions or be present for the vote on the issue.

Re-disclosure

Re-disclosure is the formal written process of documenting all aspects relating to any improvement of a previously disclosed invention for the purpose of issuing a new determination on the improved invention.

Research

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

Activities which meet this definition constitute research for the purposes of VHA Handbook 1200.05, whether or not they are conducted or supported under a program which is considered research for other purposes.

Royalty

Compensation for an invention.

Scope of Practice

Is designed to outline assigned research duties pertaining to research that may or may not be outside of a person’s CV or resume.

Sensitive VA research data

Information that has been collected for, used in or derived from the conduct of VA research which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information.

For purposes of VA Data, sensitive VA research data is defined at the Birmingham VA Medical Center as data that contains personal identifiers (one of the 18 identifiers listed by HIPAA).

Serious Adverse Event (SAE)

A local SAE in human research is an AE that results in death, a life threatening experience, hospitalization (for a person not already hospitalized); prolongation of hospitalization (for a participant already hospitalized); persistent or significant disability or incapacity; congenital anomaly or birth defect or an event that jeopardizes the subject and may require medical, surgical, behavioral, social, or other intervention to prevent such an outcome.

Serious Non-compliance

Failure to adhere to the laws, regulations, or policies governing human research that may reasonably be regarded as: (1) involving substantive harm, or a genuine risk of substantive harm, to the safety, rights, or welfare of human subjects, research staff, or
others; or (2) substantively compromising the effectiveness of a facility’s research protection or human research oversight programs. The determination that non-compliance is “serious” or “continuing” rests with the IRB.

Non-compliance that increases the risk to participants or compromises the rights and welfare of participants. Some examples of serious non-compliance are failure to obtain IRB approval prior to the initiation of research, entering patients into a study without informed consent, or research misconduct defined below. Please note: the unfounded classification of a serious adverse event as “anticipated” constitutes serious non-compliance. For a complete list of serious non-compliance please see VHA Handbook 1058.01 Research Compliance Reporting Requirements.

Significant Financial Interest

Anything of monetary value including but not limited to, salary or other payments for services, (e.g. consulting fees or honoraria); equity interests (e.g. stocks, stock options or other ownership interests); and intellectual property rights (e.g. patents, copyrights and royalties from such rights). The term does not include:

- Salary, royalties or other payments for services from BVAMC, or its affiliate.
- Any ownership interests in BVAMC.
- Income from seminars, lectures or teaching engagements sponsored by public or nonprofit entities.
- Income from service on advisor committees or review panels for public or nonprofit entities.
- An equity interest that when aggregated for the Investigator and the Investigator’s spouse and dependent children, meets both the following tests: does not exceed $10,000. in value as determined through reference to public prices or other reasonable measures of market value, and does not represent more than a five percent ownership interest in any single entity.
- Salary, royalties or other payments that when aggregated for the Investigator and the Investigator’s spouse and dependent children over the next twelve months, are not to exceed $10,000.

Sponsor

The company, institution, individual donor, or organization responsible for the initiation, management or financing of a research study.
<table>
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<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Sponsored Research</td>
<td>Research funded by external entities through a grant or contract that involves a specified statement of work (e.g., the research proposal) with a related transfer of value to the sponsor, including clinical trials involving investigational drugs.</td>
</tr>
<tr>
<td>Stored Specimens (Not Considered Banked)</td>
<td>Human biological specimens collected under a VA-approved protocol are not considered to be “banked” specimens if they are used only for the specific purposes defined in the protocol and are destroyed either when the specific testing/use is completed or at the end of the protocol.</td>
</tr>
<tr>
<td>Substantive Action</td>
<td>An action taken by an IRB that materially alters the substance and meaning of a protocol, informed consent form or process, or investigator status, including, but not limited to, restriction, suspension or termination of a study or investigator participation, and actions taken to prevent future occurrence(s) of the AE in research.</td>
</tr>
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</table>
| Substantive Modifications/Changes | Any modification that affects one or more of the regulatory criteria for the approval of research. Examples of modifications that would be considered “substantive” include:  
  - increased risk to participants  
  - significant change in the study design  
  - revisions to the recruitment plan  
  - adding or revising eligibility criteria  
  - newly identified side effects or adverse events related to the study drug.  
Substantive modifications must be reviewed by the full IRB. If there are substantial changes from the original approved version, the IRB may require submission of a new protocol. |
| Surrogate Consent            | Under appropriate conditions, investigators may obtain consent from the Legally Authorized Representative (LAR) of a subject (i.e., surrogate consent).  
  **NOTE:** Check with Regional Counsel for state or local requirements for surrogate consent for research that may supersede VA requirements. |
Before persons who lack decision-making capacity may be considered for participation in any VA research, the IRB must find that the proposed research meets all VA regulations and definitions.

**Investigators’ Responsibilities:** Investigators must:

a) Provide the IRB with a description of the procedures to ensure that subjects’ LARs are well informed regarding their roles and obligations to protect persons who lack decision-making capacity.

b) Provide information (i.e., informed consent process and Health Insurance Portability and Accountability Act (HIPAA) authorization) to the subjects’ LARs that would ordinarily be required by this Handbook to be made to the subjects themselves if they had decision-making capacity.

**LARs’ Responsibilities:** LARs are acting on behalf of the potential subjects. Therefore, LARs must be told that their obligation is to try to determine what the subjects would do if able to make an informed decision. If the potential subject’s wishes cannot be determined, the LARs must be told they are responsible for determining what is in the subjects’ best interests. LARs generally assume the same rights and responsibilities as the individuals who lack decision-making capacity in the informed consent process (see 38 CFR 17.32(e)).

**Suspension of IRB Approval**

A determination by an IRB Chair, a qualified IRB voting member designated by the IRB Co-Chair, or the convened IRB to temporarily interrupt some or all previously approved research activities. The suspended activities could include, but not be limited to, recruiting of new subjects for the research. Suspended studies remain open and require continuing review.

**Systematic investigation**

An activity that is planned in advance and that uses data collection and analysis to answer a question. Examples of systematic investigations include (but are not limited to) activities involving:

1. Questionnaires or surveys
2. Observations
3. Focus groups
4. Interviews
5. Analyses of existing data
6. Analyses of biological specimens
7. Medical chart reviews
8. Epidemiologic reviews or analyses
(9) Program evaluation
(10) Quality assessment, quality improvement, and quality management
(11) Interventional studies
(12) Clinical trials

Systemic Deficiency: A systemic deficiency is a fundamental, underlying problem that jeopardizes the effectiveness of the facility’s research protection system(s).

Termination of IRB Approval: A termination of IRB approval is a determination by the convened IRB to permanently halt some or all previously approved research activities including, but not limited to, enrollment of new subjects in research.

Test Article: Any drug for human use, biological product for human use, medical device for human use, human food additive, color additive, electronic product, or any other article subject to regulation under the Food, Drug, & Cosmetic Act or under sections 351 or 354-360F of the Public Health Service Act.

Tissue Bank – VA Approved: An approved tissue bank is located at a non-VA facility and has the appropriate approval from the Chief Research and Development Officer. It must also meet safeguards similar to those required for a VA-sponsored tissue bank. Non-VA sites that may not be acceptable include non-academic or for-profit institutions, such as pharmaceutical companies. This differs from a VA Sponsored Tissue Bank.

Tissue Bank – VA Sponsored: A tissue repository or storage facility at a VA facility or approved off-site location that operates in accordance with VA regulations. It contains human biological specimens collected under VA-approved research protocols that are under both VA ownership and VA control.

Unanticipated Problems Involving risks to Participants or others: Any event or problem that meets all of the following criteria:

1. Unexpected (in terms of nature, severity, or frequency) that is new or greater than previously known in terms of nature, severity, or frequency, given the procedures described in protocol-related documents, such as the IRB-approved research protocol and informed consent document; and the characteristics of the subjects population being studied.
2. Related to participation in the research; and
(3) Suggests that the research places participants or others at a greater risk of harm (including physical, psychological, economic, social, or legal harm) than was previously known or recognized.

**Unapproved Device**

A device that is used for a purpose or condition for which the device requires, but does not have, an approved application for pre-market approval under section 515 of the Federal Food, Drug and Cosmetic (FD&C) Act [21 U.S.C. 360 (e)]. An unapproved device may be used in human subjects only if approved for clinical testing under an approved application for an Investigational Device Exemption (IDE) under section 520 (g). Medical devices that have not received marketing clearance under section 510(k) of the FD&C Act are also considered unapproved devices.

**Unexpected or Unanticipated Adverse Event (UAE)**

An AE that is new or greater than previously known in terms of nature, severity, or frequency of occurrence, as documented in the protocol or other materials approved by the IRB. Such materials may include but are not limited to: the informed consent form, clinical investigators’ brochure, and product labeling. Further, it is not consistent with the risk information described in the general investigational plan or proposal.

**Unexpected Death**

The death of a research subject in which a high risk of death is not projected, as indicated by the written protocol, informed consent form, or sponsor brochure. This definition does not include deaths associated with a terminal condition unless the research intervention clearly hastened the subject’s death. A subject’s death that is determined to be clearly not associated with the research is also not an “unexpected death” for purposes of the reporting requirements to VA ORO Regional Office.

**VA Research**

Research that is approved by the R&D Committee and conducted by VA investigators including PIs, Co-PIs, and Site Investigators on VA time (serving on compensated, WOC, or IPA appointments), utilizing VA resources (e.g., equipment), or on VA property including space leased to, and used by VA. The research may be funded by VA, by other sponsors, or be unfunded.

**VA Investigator**

A VA investigator is any individual who conducts research approved by VA R&D Committee while acting under a VA appointment on VA time, including full and part-time employees, without compensation (WOC) employees, and individuals appointed or detailed to VA under the Intergovernmental Personnel Act (IPA) of 1970. In addition, a VA investigator must comply with all applicable VA and VHA requirements and comply with applicable local VA facility policies and procedures.
VA Sensitive Information

All department data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information.

The term includes information whose improper use or disclosure could adversely affect the ability of an agency to accomplish its mission, proprietary information, records about specific individuals requiring protection under various confidentiality provisions such as the Privacy Act and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, and information that can be withheld under the FOIA.

VIReC: VA Information Resource Center (VIReC)

VIReC is a resource center within the VHA ORD, Health Services Research and Development Service HSR&D). The VA-CMS Data for Research project at VIReC is responsible for use of CMS data for approved VA research projects. VIReC receives data from both MAC and CMS. A resource guide is available at http://www.virec.research.va.gov.

VISTAR

A non-profit flexible funding mechanism established pursuant to 38 U.S.C. sect 7361, et seq., and as such facilitates approved VAMC research by providing a flexible funding mechanism. VISTAR facilitates the conduct of the studies which have been approved by the BVAMC R&D Committee and IRB and shall use all reasonable efforts to ensure performance of the CT-CRADA agreements.

Without Compensation (WOC)

A category of VA employee who has been officially appointed to perform services for the Department of Veterans Affairs without any direct monetary compensation.

4. REFERENCES

- VHA Directive 1200.05 Requirements for the Protection of Humans in Research
- VHA Handbook 1058.01 Research Compliance Reporting Requirements
- VHA Directive 1200.01 Research and Development Committee
- VHA Handbook 1605.1, Privacy and Release of Information
- Medical Center Memorandum 151-03, Subcommittee on Human Studies (IRB)
- BVAMC Federal Wide Assurance
- Title 38 CFR 16, 17; 21 CFR 50, 56; 45 CFR 46
- DHHS Title 45 CFR Part 46
5. **RESCISSIONS**

6. **REVIEW DATE**

   September 1, 2021

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Louis Dell’Italia, MD
ACOS, Research and Development