

## Reportable Events Atlanta VAMC

### 1. OBJECTIVES:

- a) Outline local policies and procedures for the documentation, determination and reporting of Serious Adverse Events (SAEs) and Serious Problems (SPs) in VA research.
- b) Comply with federal guidelines regarding the documentation, determination and reporting SAEs and SPs.

**\*NOTE:** Incidents, events or problems that involve the unauthorized use, disclosure, transmission, removal, theft, loss, or destruction of **VA research-related protected health information (PHI), individually identifiable private information, or confidential information** as defined by the HIPAA Privacy Rule, the Common Rule, the Privacy Act or 38 U.S.C. must be reported **within 1 hour** as described in the AVAMC policy entitled: **“Research Information Incidents.”**

### 2. DEFINITIONS:

**Reportable Event Form (REF)** – The Reportable Event Form is located on the Atlanta Research and Education Foundation web-site [www.atlaref.org](http://www.atlaref.org). The PI will complete and submit the REF to the Research Administration Office, who will send to the Institutional Review Board (IRB) member-reviewer. By completing and submitting the REF to the Research Administration Office, the study team has satisfied the 5 day reporting requirement to the IRB.

**Adverse Event (AE)** – An untoward physical or psychological occurrence in a human subject participating in research.

**Serious Adverse Event (SAE)** - An Adverse Event in human subjects participating in research that results in death, a life-threatening experience, inpatient hospitalization, prolongation of hospitalization, persistent or significant disability or incapacity, congenital anomaly, or birth defect, or that requires medical, surgical, behavioral, social, or other intervention to prevent such an outcome.

**Serious Problem (SP)** – A serious problem is a problem in human research that may reasonably be regarded as:

- a. Involving substantive harm, or a genuine risk of substantive harm, to the safety, rights, or welfare of human research subjects, research staff, or others; **OR**
- b. Substantively compromising the effectiveness of a facility’s human research protection or human research oversight programs.

**Unanticipated Adverse Event or Unanticipated Problem (UP)** - The adverse event or problem is either new or greater than previously known in terms of nature, severity, or frequency of occurrence. In order for the event to be **unanticipated**, it cannot be listed in the study protocol, the Informed Consent, Investigator’s Brochure, Sponsor’s Information, or expected in the study population.

Note: “Serious Problems” may include UPs.

**Related** – The event or problem may reasonably be regarded as caused by, or as probably caused by, the research.

**VA Research** – Research conducted by VA investigators serving on compensated, work without compensation (WOC), or Intergovernmental Personnel Agreement (IPA) appointments while on VA time, utilizing VA resources, or on VA property (including space leased to or used by VA and also includes space utilized at a non-VA facility but has an approved off-site waiver to perform part or all of the research off-site). The research may be funded by VA, by other sponsors, or be unfunded.

**1. VA Research Administrative Office Responsibilities:**

- a) Receive the REF and supporting documents from the PI and email the documents to the Institutional Review Board (IRB) member-reviewer.
- b) VA IRB Liaison will post the categorization/determination and any required action(s) in eIRB.

**2. Principal Investigator's Responsibilities:**

- a) Ensure that deaths of research subjects that are unanticipated and related to the research conducted in local VA, must be reported by submitting the Reportable Event Form (REF) to the VA Office Research Administrative Office **within 5 business days** of discovery.

**\*\*Note:** If the PI does not know the relationship of the unanticipated death to the research, report the death **within 5 business days** of discovery and indicate on the REF that the relationship to the research study is **unknown**.

**\*\*Note:** Deaths that are anticipated AND related to the research or if the relationship to the anticipated death is **unknown**, report within **5 business days** of discovery using the REF.

**\*\*Note:** Deaths that are anticipated AND unrelated need to be reported at time of continuing review only.

- b) Ensure that Unanticipated Serious Adverse Events and Unanticipated Serious Problems involving risks to subjects or others in human subjects research conducted in local VA research are reported by submitting the Reportable Event Form (REF) to the VA Research Administrative Office **within 5 business days** of discovery.
- c) Ensure that required changes to study documents are made in accordance with IRB recommendations.
- d) Ensure that a complete summary of all local Deaths, Serious Adverse Events, Unanticipated Problems, and Serious Problems are reported to the IRB at Continuing Review as required.

**3. PI Procedures for Reporting SAEs and Serious Problems:**

**\*Note:** Please refer to Appendix A "Reportable Events – Serious Adverse Events" and Appendix B "Serious Problems" for additional assistance and guidance.

**For VA Central IRB (CIRB) Reporting** - The PI should report SAEs/SPs to the VA CIRB (per VA CIRB policies and procedures). **No REF** should be submitted.

**External Safety Reports** that describe safety problem(s) related to the research that present no risk or harm to research participants should be reported at Continuing Review only. **No REF** should be submitted.

**The following events/problems must be reported using the REF as follows:**

- a) Ensure that deaths that occur while participating in a research study conducted in local VA research must be reported by submitting the Reportable Event Form (REF) to the VA Office Research Administrative Office **within 5 business days** of discovery.
  - \*\*Note:** If the PI does not know the relationship of an unanticipated death to the research, report the death within 5 business days of discovery and indicate on the REF that the relationship to the research study is **unknown**.
  - \*\*Note:** Deaths that are anticipated AND related to the research or if the relationship to the anticipated death is unknown, report within **5 business days** of discovery using the REF.
  - \*\*Note:** Deaths that are anticipated AND unrelated need to be reported at time of continuing review only.
- b) Ensure that Unanticipated Serious Adverse Events and Unanticipated Serious Problems that are unanticipated, involving risks to subjects or others in human subjects research conducted in local VA research are reported by submitting the REF to the VA Research Administrative Office **within 5 business days** of discovery.

#### 4. Completing the REF:

Complete **all** of the investigator and study information at the top section of the form. Please indicate if this is an Initial Report or Follow-up Report to a previously submitted REF. The “Reportable Event #” in the footer of each page is the unique reportable event number assigned by the study team in the first column of the Reportable Event Log (Appendix C). Please make sure the Reportable Event # number is on each page.

- **Question A:** Indicate on the REF if the event occurred in VA approved research performed at the Atlanta VAMC or local affiliated site with an approved off-site waiver for VA funded studies. (To have “VA approved research” conducted at a local affiliate an off-site waiver must have been approved by VA Central Office with the Merit Review or Career Development submission.)
- **Question B:** If the study funds are administered through Emory, and is conducted at Emory University listing VA as a study site, the local reportable event (at VA) must be reported to IRB using the REF for VA site.
- **Question C:** Indicate if the event is reported due to Sponsor’s requirement only.
- **Questions 1-5:** These questions are designed to assist the investigator and IRB reviewer in the determination of whether an unanticipated and related event or problem occurred. Please provide any written comments if needed for clarification.
- **Question 6:** Provides rationale for question 5.
- **Questions 7-11:** These questions are designed to assist the investigator in determining what action(s) (if any) should be taken as a result of the SAE/SP if related or possibly related to the research study.
- Please use the space provided on the REF to enter any pertinent information from the medical record **OR** you may attach any supportive documentation (progress notes, etc.). **Please make sure all PHI is redacted/removed from the REF before submitting.**
- The investigator must print or type his/her name, print the REF and sign the document.
- The information at the bottom page 3 of the REF is used for documentation by the IRB member-reviewer. Do not write in this area.

## 5. PI Procedures for Submission of the REF:

- a) The PI should scan the completed REF with any attachments and email via PKI encryption to Hope Richardson in the Research Administration Office at: [hope.richardson@va.gov](mailto:hope.richardson@va.gov). By submitting the completed REF to the Research Administration Office, the study team has satisfied the local reporting requirement to the IRB. **Note:** In the event that Ms. Richardson is absent, her email will automatically forward to Tony Laracuenta or other research administrative personnel who will assume responsibility for receipt of the REF.
- b) Research Office Administrative personnel will route the REF and any additional documents to the IRB designated member-reviewer via email for a determination.

## 6. PI Annual Continuing Review Reporting Requirements for local SAEs / SUPs:

The PI is responsible for submitting a summary of all local reportable events (including those previously reported on an REF) at Continuing Review to the Emory IRB using Appendix C "Reportable Event Log." Please report the events at Continuing Review as indicated in Appendix D "Reporting Timelines for Reportable Events."

## 7. Institutional Review Board Responsibilities:

- a) IRB or IRB member-reviewer categorizes reportable events (based on the information provided by the PI on the REF) as serious and unanticipated and related to the research.
- b) IRB or IRB member-reviewer must report deaths that are unanticipated, and related to the research to the facility Director (through the RCO) **as soon as possible and within 24 hours** of the IRB determination.
- c) IRB or IRB member-reviewer must report determinations that are serious, unanticipated, and related to the research to the facility Director (through the RCO) **as soon as possible and within 48 hours** of the IRB or IRB member-reviewer determination.
- d) All determinations made by the IRB member-reviewer must be reported at the next IRB (Committee Q) convened meeting for review/sign-off.
- e) A simultaneous determination from IRB or IRB member-reviewer is required regarding any action(s) necessary to protect human subjects, including but not limited to protocol or informed consent modifications. If protocol or informed consent modifications are required, the IRB must also determine and document if previously enrolled subjects must be notified of the modification, when the notification must take place and how the notification is to be documented.
- f) The IRB determination and any actions which need to be taken by the PI to protect human subjects will be posted in eIRB.
- g) The IRB reviews a summary of reportable events at Continuing Review.

## 8. IRB Review of the REF:

- a) The IRB designated member-reviewer will receive the REF and must categorize if the event or problem was **Unanticipated and Serious and Related within 5 business days**. All anticipated deaths that are possibly, probably, or definitely related to the research or the relationship is unknown **and** unanticipated deaths and the relationship to the research is unknown, unrelated, or related must be categorized **within 5 business days**.
- b) If the IRB designated member-reviewer determines the event or problem **was not** unanticipated and serious and related to the research, the REF with supporting documents, and IRB member-reviewer determination will be posted in eIRB. Deaths that are categorized as anticipated and unrelated will be posted in eIRB; all other categorized deaths will be reviewed by the convened IRB.

- c) If the IRB designated reviewer-member is unable to categorize or if the IRB member-reviewer disagrees with the PI's determination, the reportable event will be referred to the IRB Director, IRB Chair or Vice-Chair who will categorize or will refer the categorization to the convened IRB.
- d) If the reportable event is categorized by the designated IRB reviewer-member to be a **Unanticipated and Serious and Related** to the research OR a death which is anticipated and related or the relationship to the research is unknown OR an unanticipated death and the relationship to the research is unknown, unrelated, or related, the convened IRB will review the event and make a determination if protocol modifications or ICF modifications are required, and if previously enrolled subjects must be notified, and when and how notification must occur. Additional actions may be imposed to ensure the protection of research participants enrolled in the study.
- e) The IRB determination and any actions which need to be taken by the PI to protect human subjects will be posted in eIRB.
- f) IRB determinations that are serious, unanticipated, and related to the research must be reported by the IRB to the Atlanta VAMC Medical Center Director (through the RCO) as soon as possible, but **no later than 5 business days** after the determination.

#### 9. IRB and Facility Reporting Requirements for Reporting Deaths:

- a) IRB or IRB member-reviewer must report deaths that are unanticipated and related to the research to the facility Director (through the RCO) **as soon as possible and within 24 hours** of the IRB determination.
- b) The Research Compliance Officer must report **deaths** that have been determined by the IRB or the IRB member-reviewer to be **serious, unanticipated, and related to the research** to the Office of Research Oversight Regional Office **within 24 hours** of the IRB determination via email. The Atlanta VAMC Medical Center Director, Chief of Staff (COS), Associate Chief of Staff-Research (ACOS-R), Administrative Office-Research (AO-R), VISN 7 RCO and Research Compliance Auditor (RCA) will be included on the email.

#### 10. IRB and Facility Reporting All Other REs (excluding deaths):

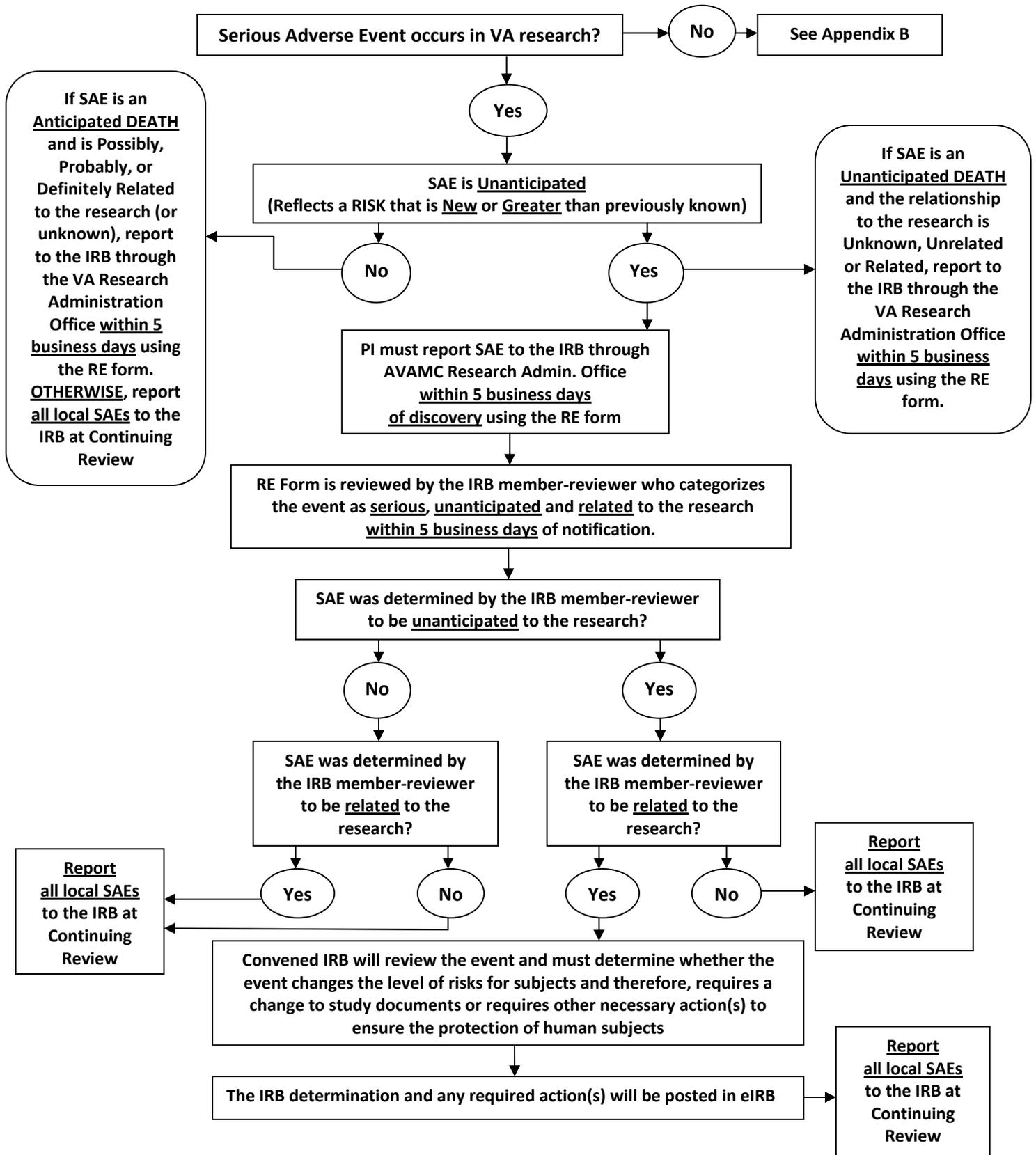
- a) The IRB Chair (through the RCO) must report all other REs (excluding deaths) that have been determined by the IRB or the IRB member-reviewer to be **serious, unanticipated, and related to the research** to the Office of Research Oversight (ORO) via telephone or email **within 48 hours** of the IRB determination.
- b) The RCO must report in writing all other REs (excluding deaths) that have been determined by the IRB or the IRB member-reviewer to be **serious, unanticipated, and related to the research** to the Atlanta VAMC Medical Center Director, Associate Chief of Staff-Research (ACOS-R), and R&D Committee Chair **no later than 5 business days** after the determination.
- c) The Medical Center Director must report (through a letter prepared by the RCO) **serious, unanticipated, and related to the research** to the ORO-RO **within 5 business days** of notification.

#### 11. Research Compliance Officer Responsibilities:

- a) The Research Compliance Office (RCO) must report **deaths** that have been determined by the IRB or the IRB member-reviewer to be **serious, unanticipated, and related to the research** to the Office of Research Oversight **within 24 hours** of the IRB determination via telephone or email.

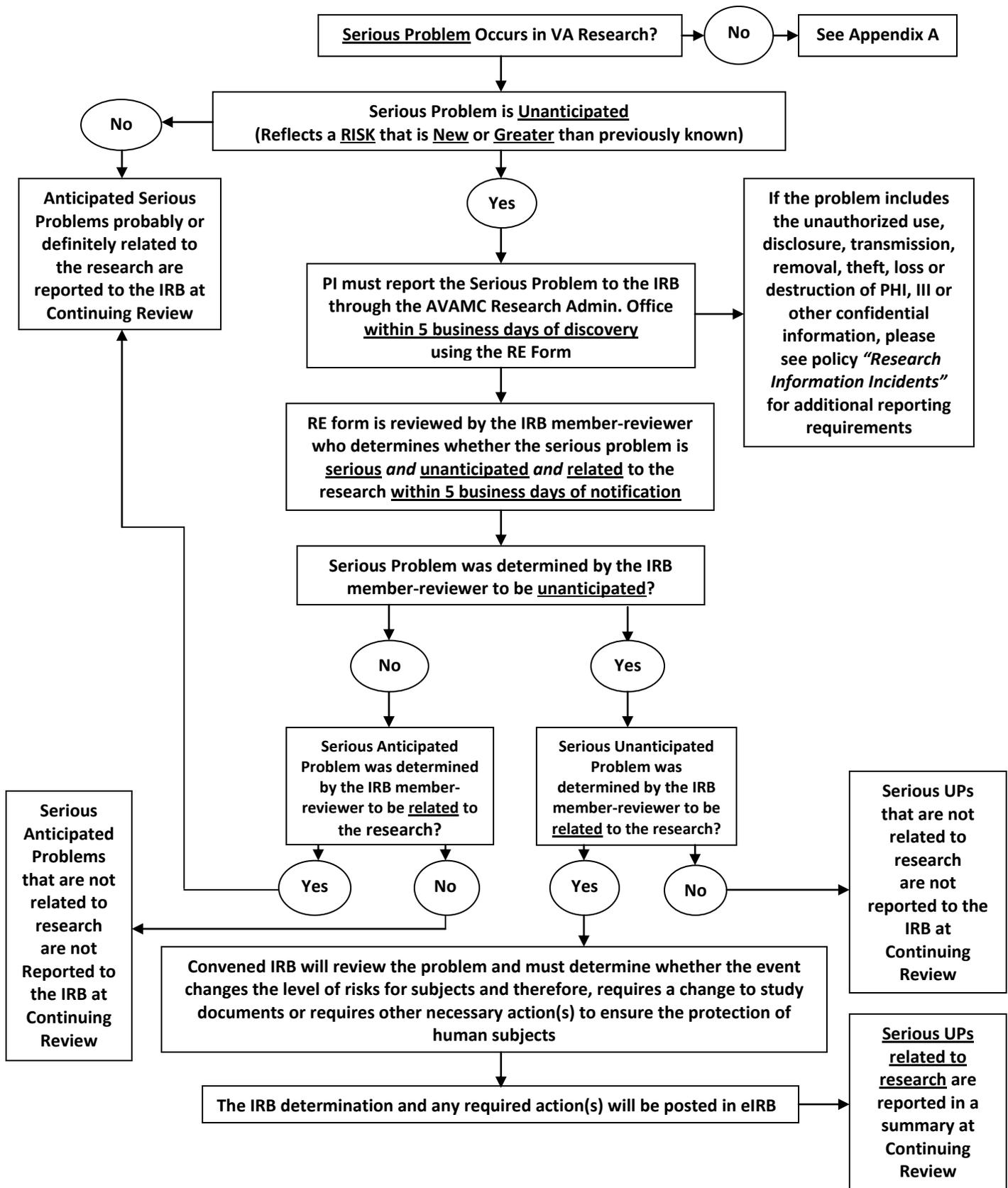
- b) Reports events or problems that have been determined by the IRB or the IRB member-reviewer to be serious, unanticipated, and related to the research to the Office of Research Oversight **within 48 hours** of the IRB determination via telephone or email.
- c) Report events or problems that have been determined by the IRB or the IRB member-reviewer to be serious, unanticipated, and related to the research to the Atlanta VAMC Medical Center Director, Associate Chief of Staff-Research (ACOS-R), and R&D Committee in writing **no later than 5 business days** after the determination.
- d) Prepares report for events or problems for facility Director signature and sends report via email to the Office of Research Oversight **within 5 business days** of notification.
- e) The RCO will summarize in a table and review all RE determinations by the IRB member-reviewer that were not categorized as either a Serious Unanticipated Problem or Unanticipated Serious Adverse Event. The summary will be sent monthly to the convened IRB Committee Q for review/sign-off.

**Appendix A  
Reportable Events – Serious Adverse Events**



\*\*Note: Additional facility reporting requirements may apply and are not the responsibility of the study team.

**Appendix B  
Reportable Events – Serious Problems**



\*\*Note: Additional facility reporting requirements may apply and are not the responsibility of the study team.

**Appendix C**  
**REPORTABLE EVENTS LOG**  
**Atlanta VA Medical Center**

<b>Protocol Title</b>	
<b>Principal Investigator</b>	
<b>Research Coordinator</b>	
<b>IRB Number</b>	

RE number	Study Subject ID	Event	Type of Event	Date of Event	Unanticipated?	Related?	Action(s) Taken	Date team learned of event	Date Reported to Atlanta VA Research Admin Office	IRB Outcome & Acknowledgement Date	Date sponsor notified	Reported at Continuing Review?
1.												
2.												
3.												
4.												
5.												

**REPORTABLE EVENTS INCLUDE: Serious Adverse Events (SAE), Serious Problems (SP), Unanticipated Problems (UP), and Research Information Incidents (RII).**  
*This form may be used as a summary to send to the IRB at time of continuing review.*

## Appendix D Guidance and Reporting Timelines for Reportable Events

Reportable Event	Anticipated	Unanticipated	Related <u>OR</u> Unknown	Unrelated	Report Promptly to IRB	Report to IRB at Continuing Review
Deaths	Yes		Yes		Yes-Within 5 business Days	Yes
Deaths	Yes			Yes	No-CR only	Yes
Deaths		Yes	Yes		Yes-Within 5 Business Days	Yes
Deaths		Yes		Yes	Yes-Within 5 Business Days	Yes
SAE	Yes		Yes		No-CR only	Yes
SAE	Yes			Yes	No-CR only	Yes
SAE		Yes	Yes		Yes-Within 5 Business Days	Yes
SAE		Yes		Yes	Yes-Within 5 Business Days	Yes
SP	Yes		Yes		No-CR only	Yes
SP	Yes			Yes	No	No
SP		Yes	Yes		Yes-Within 5 Business Days	Yes
SP		Yes		Yes	Yes-Within 5 Business Days	Yes
SP (DATA BREACH)*					*Yes-Within 1 hr. to PO/ISO/ACOS-R	Yes

This table is to provide general guidance and may not be applicable to all situations. Please seek assistance from the Research Administrative Officer or the Research Compliance Office if you are unsure of the reporting requirements for your specific situation.

\*Requires reporting by telephone/email **within 1 hour** to PO/ISO/ACOS-R. See local policy "Reporting Research Information Incidents" for additional reporting information.