

	OIA-313 WORKSHEET: Eligibility for Review Using the Expedited Procedure		
	NUMBER	DATE	PAGE
	OIA-313	09/06/2023	1 of 2

The purpose of this worksheet is to provide support for designated reviewers conducting reviews using the expedited procedure. This worksheet, or equivalent, is to be used. It does not need to be completed or retained.

<input type="checkbox"/>	Continuing review of non-research humanitarian use device (HUD) using the expedited procedure¹
1	Additional Criteria for Research Involving Prisoners (Check if “Yes” or “N/A.” Must be checked)
<input type="checkbox"/>	The <u>research</u> is <u>minimal risk</u> and the prisoner representative concurs with this determination. (“N/A” if no prisoners as subjects.)
Initial and continuing review must meet criteria in section 3. Modifications can meet either criteria in section 2 or 3.	
2	Minor Modifications (Check if “Yes” or “N/A.” All must be checked)
<input type="checkbox"/>	The modifications do not introduce a new research design that was not previously approved.
<input type="checkbox"/>	The modifications present no more than <u>minimal risk</u> to subjects.
<input type="checkbox"/>	All added subject procedures fall into categories 1-7 below. (“N/A” if no added procedures)
3	Initial Review, Continuing Review, or Modifications (Check if “Yes” or “N/A.” All must be checked)
<input type="checkbox"/>	The research activities (or remaining research activities) present no more than <u>minimal risk to human subjects</u> . [“N/A” if the <u>research</u> falls into category (8)(b)]
<input type="checkbox"/>	Identification of the subjects or their responses (or the remaining procedures involving identification of subjects or their responses) will NOT reasonably place them at risk of criminal or civil liability or be damaging to their financial standing, employability, insurability, reputation, or be stigmatizing, unless reasonable and appropriate protections will be implemented so that risks related to invasion of privacy and breach of confidentiality are no greater than <u>minimal risk</u> . [“N/A” if the <u>research</u> falls into category (8)(b)]
<input type="checkbox"/>	The <u>research</u> is NOT classified ²
<input type="checkbox"/>	The <u>research</u> (or remaining <u>research</u>) falls into one or more of the following categories: (Check all that apply)
<input type="checkbox"/>	(1)(a) Clinical studies of drugs when an investigational new drug (IND) application is not required.
<input type="checkbox"/>	(1)(b) Clinical studies of medical devices when an investigational device exemption (IDE) is not required, or the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.
<input type="checkbox"/>	(2)(a) Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture ³ from healthy, non-pregnant adults who weigh >110 pounds where the amount drawn is <550 ml/8 week period and collection occurs at most 2 times/week. ⁴
<input type="checkbox"/>	(2)(b) Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture ⁵ from other adults and <u>children</u> , considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected (at most 50 ml or 3 ml/kg/8 week period), and the frequency with which it will be collected (at most 2 times/week. ⁶)
<input type="checkbox"/>	(3) Prospective collection of biological specimens for research purposes by noninvasive ⁷ means. ⁸
<input type="checkbox"/>	(4) Collection of data through noninvasive procedures ⁹ (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. ¹⁰

¹ [Humanitarian Device Exemption \(HDE\) Program Guidance for Industry and Food and Drug Administration Staff](#) states IRBs are responsible for initial as well as continuing review of the HUD. For initial review of a HUD, IRBs are required to perform their review at a convened meeting ([21 CFR 56.108](#)). For continuing review, IRBs may use the expedited review procedures ([21 CFR 56.110](#)).

² Classified information is sensitive information to which access is restricted by law or regulation to particular groups of persons. A formal security clearance is required to handle classified documents or access classified data. In the United States, classified research involving human subjects is research in which the protocol, information required by the IRB for review and oversight, or information provided by the research subjects includes classified information, as defined in [Executive Order 13526, “Classified National Security Information,” December 29, 2009](#).

³ Withdrawal of blood from an indwelling venous line is a “venipuncture.”

⁴ Multiple withdrawals of blood from an indwelling venous line are more than one collection. Therefore, a research study involving withdrawal of more than two blood samples from an indwelling venous line in a week is not eligible for review using the expedited procedure.

⁵ Withdrawal of blood from an indwelling venous line is a “venipuncture.”

⁶ Multiple withdrawals of blood from an indwelling venous line are more than one collection. Therefore, a research study involving withdrawal of more than two blood samples from an indwelling venous line in a week is not eligible for review using the expedited procedure.

⁷ Non-invasive procedures include, but are not limited to: (1) vaginal swabs that do not go beyond the cervical os; (2) rectal swabs that do not go beyond the rectum; and (3) nasal swabs that do not go beyond the nares.

⁸ Examples: (a) hair and nail clippings in a non-disfiguring manner; (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction; (c) permanent teeth if routine patient care indicates a need for extraction; (d) excreta and external secretions (including sweat); (e) un-cannulated saliva collected either in an unstimulated fashion or stimulated by chewing gum-base or wax or by applying a dilute citric solution to the tongue; (f) placenta removed at delivery; (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor; (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the process is accomplished in accordance with accepted prophylactic techniques; (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings; (j) sputum collected after saline mist nebulization.

⁹ Non-invasive procedures include, but are not limited to: (1) vaginal swabs that do not go beyond the cervical os; (2) rectal swabs that do not go beyond the rectum; and (3) nasal swabs that do not go beyond the nares.

¹⁰ Examples: (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject’s privacy; (b) weighing or testing sensory acuity; (c) magnetic resonance imaging; (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic

OIA-313 WORKSHEET: Eligibility for Review Using the Expedited Procedure

NUMBER	DATE	PAGE
OIA-313	09/06/2023	2 of 2

- (5) Research involving materials (data, documents, records, or specimens) that have been collected for any purpose, or will be collected solely for non-research purposes.
- (6) Collection of data from voice, video, digital, or image recordings made for research purposes.
- (7) Research on individual or group characteristics or behavior¹¹ or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.
- (8)(a) Continuing review of research previously approved by the convened IRB where (i) the research is permanently closed to the enrollment of new subjects; (ii) all subjects have completed all research-related interventions; and (iii) the research remains active only for long-term follow-up of subjects.¹² (For a multi-center protocol, an expedited review procedure may be used by the IRB at a particular site whenever these conditions are satisfied for that site.)
- (8)(b) Continuing review of research previously approved by the convened IRB where no subjects have ever been enrolled at a site under UCSD IRB purview and neither the investigator nor the IRB has identified any additional risks from any site or other relevant source.
- (8)(c) Continuing review of research previously approved by the convened IRB where the remaining research activities are limited to data analysis. (For a multi-center protocol, an expedited review procedure may be used by the IRB at a particular site whenever these conditions are satisfied for that site.)
- (9) Continuing review of research, not conducted under an IND application or IDE where categories (2) through (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

infrared imaging, Doppler blood flow, and echocardiography; (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

¹¹ Examples: research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior.

¹² Long term follow-up includes research interactions that involve no more than minimal risk to subjects (e.g., quality of life surveys); and collection of follow-up data from procedures or interventions that would have been done as part of routine clinical practice to monitor a subject for disease progression or recurrence, regardless of whether the procedures or interventions are described in the research protocol. Long term follow-up excludes research interventions that would not have been performed for clinical purposes, even if the research interventions involve no more than minimal risk.