

Attachment 10  
IRB Approval Letters

**INSTITUTIONAL REVIEW BOARD NOTICE – FULL APPROVAL WITH CONDITIONS**

<b>Principal Investigator/Project Manager :</b> April Greek	
<b>Proposal/Project Title :</b> Case Investigation of Cervical Cancer (CICC) Study	
<b>Client/Funding Agency :</b> HHS Centers for Disease Control and Prevention	
<b>IRB No. :</b> IRB 0617-100069348 Rev 0.0	<b>Date of Submission to IRB :</b> 1 June 2016
<b>Proposal No. :</b> OPP200998/ CON00023780	<b>Project No. :</b> 100069348
<b>Subcontract to Battelle from</b> N/A	(if applicable)
<b>Subcontract from Battelle to</b> N/A	(if applicable)

**Level of Review**

- Expedited Approval. Minimal Risk to Human Subjects per 45 CFR 46.110 (b)(1):
- Category 7 - Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies
  - Category 5 - Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for nonresearch purposes (such as medical treatment or diagnosis).

Subject to HIPAA regulations at 45 CFR 164. Participants will voluntarily provide their AUTHORIZATION to contact participants' healthcare provider(s). Under HIPAA authorization, healthcare providers will send applicable PHI to designated State Cancer Registries. Each State Cancer Registry will prepare and provide a Limited Use Dataset to Battelle under the terms of a Data Use Agreement. Battelle will not be in possession of participants' Protected Health Information (PHI) at any point in this research.

**Type of Approval – IRB FULL APPROVAL with CONDITIONS**

All phases of research may proceed subject to the following Condition:

***The Principal Investigator may NOT receive any human subject data FROM a participating State Cancer Registry WITHOUT the Battelle IRB's verification/acknowledgement that a fully executed Data Use Agreement has been established.***

Upon the Battelle IRB's verification/acknowledgement of same, the research study may proceed without restriction.

See IRB Requirements and Restrictions (Page 2 of 3).

This study continues approval to 3 March 2017.

  
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Signature  
Co-Chair, Battelle Institutional Review Board

  
\_\_\_\_\_

Date

  
\_\_\_\_\_

Print or Type Name

**Battelle**

## Requirements and Restrictions

### IRB Requirements:

- The IRB shall possess an appropriate Translation Certificate for each study document translated into a language other than English.
- Per 45 CFR 46.109(e), the IRB has the authority to observe or to have a third party observe the consent process and the research.
- Per 45 CFR 46.113, the IRB has the authority to suspend or terminate approval of research that is not being conducted in accordance with the IRB's requirements or that has been associated with unexpected serious harm to subjects.

**Continuing Review/Approval.** Federal regulations require that human subjects research protocols maintain IRB approval for the entire duration of the research study, including data analysis and report writing. If this project will continue beyond 3 March 2017, the final day of approval, apply for continuing approval of IRB 0617-100069348 Rev 0.0.

**Approval for Amendments.** Seek the IRB's approval for any proposed amendments/ revisions to the protocol, including changes to study documents and recruiting materials. Federal regulations require that the IRB re-review and re-approve human subjects research prior to implementing any proposed amendments or revisions. Complete and submit an application for amendment to the IRB manager.

**Reporting.** The following events must always be reported to the IRB:

- Unforeseen events (within four (4) hours of discovery). See definition of "unforeseen event" on page 3 of 3.
- Protocol violations that
  - Placed a human subject at risk, or
  - Were caused by the action or inaction of a researcher
- New or changed risks to human subjects, including new findings
- Failure to follow regulations or IRB requirements
- Unresolved complaint by a human subject
- Audit, inspection, or inquiry by a federal agency
- Breach of confidentiality
- Change to the protocol taken without prior IRB review to eliminate an apparent immediate hazard to a human subject
- Incarceration of a human subject.

**Documentation Control Requirements.** Study documents and records, e.g., informed consent documents and data collection instruments, must be maintained in accordance with established confidentiality measures. Federal regulations require that all documents and records be retained for at least three (3) years after a study is formally closed. Battelle policy or client requirements may require a longer retention.

### Definitions

**Expedited Review** – Review of proposed research by the IRB chair or a designated voting member or group of voting members rather than by the entire IRB. Federal regulations at 45 CFR 46.110 permit expedited review for certain kinds of research involving no more than minimal risk and for minor changes in approved research. Only the IRB can determine if a proposed research activity meets the requirements for expedited review.

**Adverse Event** - An event or incident not previously known or not anticipated to result from:

- The interactions or interventions used in the research;
- The collection of privately identifiable information under the research;
- An underlying disease, disorder or condition of a human subject, and/or,
- Other circumstances unrelated to the research or any underlying disease, disorder or condition of the subject.

**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. Depending upon applicable regulations, "minimal risk" may be defined differently for minors and other vulnerable populations.

**Nonconformance** - A determination that some aspect of a research study has not been performed in accordance with applicable laws and regulations, ethical standards, Battelle policies, IRB requirements, or contractual obligations.

**Unforeseen Event** - - A Battelle-coined term that has no regulatory equivalent, but that may summarize one or more of the following terms: (1) adverse event; (2) unanticipated problem involving subjects or others; or (3) non-conformance. Unforeseen Events must be reported to an IRB via an established reporting process.

**Unanticipated Problem Involving Subjects or Others** - An event in a human research study that is not expected given the nature of the research procedures and the subject population being studied, and suggests that the research places subjects or others at a greater risk of harm or discomfort related to the research than was previously known or recognized.

**EXPEDITED APPROVAL**  
**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER**  
**(Assurance Number FWA00002762) September 10, 2018**  
**IRB Registration Number 00000177 expires August 4, 2019**

FROM: LSUHSC-NO Institutional Review Board  
TO: Joseph Moerschbaecher, Ph.D.  
Vice Chancellor for Academic Affairs  
RE: IRB Application By: **Mei-Chin Hsieh, Ph.D., MSPH**  
**Department of Epidemiology**

**Entitled: IRB # 9387: Case investigation of cervical cancer study**

This is to document review and approval of the above-referenced research protocol. In the judgment of this Board, the procedures delineated in said application conform to the pertinent DHHS and FDA rules and regulations regarding use of human subjects. This procedure is authorized by 45CFR46.110 and 21CFR56.110 as published in the Federal Register November 9, 1998. Records regarding action of the Board, referable to said project, are on file in the Office of the Chairman. This study is expedited under 46.110 category # 5, 7 of 45CFR Part 46.

**THE INVESTIGATOR** agrees to report to the Committee any emergent problems, serious adverse reactions, or procedural changes that may affect the status of the investigation, and that no such changes will be made without Board approval, except where necessary to eliminate apparent immediate hazards to the subject. The investigator also agrees to periodic review of this project by the Board at intervals appropriate to the degree of risk to assure that the new project is being conducted in compliance with the Board's understanding and recommendation, and this interval will not exceed one year.

**PLEASE NOTE:**

1. Any advertisement to recruit subjects for this study must be approved by the IRB prior to posting, publication and/or distribution.
2. Other institutional approvals may be required before the study can be initiated.
3. Written notification (at the time this study is completed/ canceled) must be sent to the Office of the Chair.
4. Note that in addition to the Informed Consent Form, HIPAA Authorization is required from each subject


Approval Period: \_\_\_\_\_

9/20/16 - 9/19/17

  
\_\_\_\_\_  
Mei-Chin Hsieh, Ph.D., MSPH, Principal Investigator

DATE: \_\_\_\_\_

9/19/2016

  
\_\_\_\_\_  
Kenneth E. Kratz, Ph.D., Chairman  
Barry Potter, Ph.D., Vice Chairman

DATE: \_\_\_\_\_

9/20/2016

**Michigan Department of Health and Human Services**  
**Institutional Review Board for the Protection of Human Research Subjects**  
South Grand Building, 5<sup>th</sup> Floor, 333 S. Grand Ave., P.O. Box 30195, Lansing, MI 48909  
E-mail: [MDHHS-IRB@michigan.gov](mailto:MDHHS-IRB@michigan.gov) Phone: (517) 241-1928 Fax: (517) 241-1200

**DETERMINATION NOTICE**

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<b>To:</b> Glenn Copeland	Responsible Department Employee
<b>From:</b> Ian A. Horste	Institutional Review Board Chair
<b>CC:</b> Sarah Lyon-Callo	Authorizing Bureau/Office Director

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**MDHHS IRB Log #: 201612-07-EA** **Date Received: 12/20/2016**

**Study Title: Case Investigation of Cervical Cancer Study (CICC Study)**

**Primary Investigator(s): Vicki Benard, PhD**

**Funding Source(s): CDC**

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**Committee Action/Determination Type:**

- Tabled
- Not human subjects research
- Exempt human subjects research
- Approved by expedited review
- Approved by expedited review with modifications required
- Approved by full committee review
- Approved by full committee review with modifications required
- Disapproved

**Comments:** This minimal risk research is eligible for expedited review under categories 5 and 7. For the survey component of this research, the IRB approves a waiver of the requirement to document informed consent with a signature under 46.117(c)(2). The information sheet associated with the survey must be made available to each subject. For the medical records abstraction component of the research, the IRB requires (as is proposed in the IRB application) that written authorization be obtained before medical records are recorded for research purposes. Any changes to approved study documents should receive approval from the IRB prior to implementation.

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**Chair Signature:**



**Determination Date: 01/25/2017**

**Expiration Date\*: 01/25/2018**

*\*Human subjects' research must not continue after this date without MDHHS IRB approval documented on a separate determination notice.*

The MDHHS IRB must approve any change to this study protocol or to approved study documents. Approval of changes must precede implementation, unless a change is necessary to eliminate an apparent immediate hazard to research subjects. The Primary Investigator and Responsible Department Employee must see that any unexpected problem or adverse event in the research is reported as soon as possible (usually within 48 hours of discovery) to the MDHHS IRB administrative office at (517) 241-1928 or [MDHHS-IRB@michigan.gov](mailto:MDHHS-IRB@michigan.gov).

**Michigan Department of Health and Human Services**  
**Institutional Review Board for the Protection of Human Research Subjects**  
South Grand Building, 5<sup>th</sup> Floor, 333 S. Grand Ave., P.O. Box 30195, Lansing, MI 48909  
E-mail: [MDHHS-IRB@michigan.gov](mailto:MDHHS-IRB@michigan.gov) Phone: (517) 241-1928 Fax: (517) 241-1200

Michigan Department of Health and Human Services FWA00007331, IRB00000421

*The Michigan Department of Health and Human Services is an equal opportunity employer, services, and programs provider.*

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Manisha  
Narang  
Cynthia Nunez  
Neeru Suri  
Sequoia Young

**Sponsor:** Centers for Disease Control and Prevention      **Approval Cycle:** Not Applicable

**Risk Determination:** Minimal Risk      **Device Determination:** Not Applicable

**Review Type:** Expedited      **Expedited Category:** 7      **Exempt Category:** n/a

**Subjects:** 544      **Specimens:** 0      **Records:**

CURRENT SUBMISSION STATUS

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**Submission Type:** Research Protocol/Study      **Submission Status:** Approval  
**Approval Date:** 12/20/2016      **Expiration Date:** 12/19/2017

**Pregnancy Code:** No Pregnant Women as Subjects      **Pediatric Code:** No Children As Subjects      **Prisoner Code:** No Prisoners As Subjects

**Protocol:** 9/28/16      **Consent:** n/a      **Other Materials:** Appendix 1. Physician Letter  
Appendix 1 MD letter v10.25.16.pdf

**Other Materials:** Appendix 1a. Physician Information Sheet Appendix 1a NJSCR Physician form v10.25.16.pdf

Appendix 2. Patient Letter- English  
Patient letter v11.17.16\_clean.docx

Appendix 2a. Patient Research  
Information Sheet- English CICC  
Research participant information  
sheet English 5 10 16 with  
letterhead version 11.17.16  
clean.docx

Appendix 3. Patient  
HIPAA/Medical Record Release  
Form- English CICC HIPAA and  
Medical release form English v5  
10 16 (002) with letterhead.docx

Appendix 4. Patient Healthcare  
Source Form- English  
Appendix4 Healthcare Source  
Form 8.9.16.pdf

Appendix 5. Survey- English  
Appendix5 Survey  
English 8.9.16.pdf

Appendix 6. Phone Script for  
Follow-up- English  
Appendix6 Phonescript 8.9.16.pdf

Appendix 7. Thank You Letter-  
English Appendix7 ThankYou  
letter 8.9.16.pdf

Appendix 8. Facility Letter  
Appendix8 Facility Letter  
MRA 8.9.16.pdf

Appendix 9. Medical Record Chart  
Abstraction Form  
Appendix9 Chart Abstraction  
Form 8.9.16.pdf

Appendix 10. Patient Letter-  
Spanish SPA patient  
letter 11.22.16 clean.docx

Appendix 11. Patient Information  
Sheet- Spanish SPA patient  
research info 5 10 16 with  
letterhead version 11.17.16  
clean.docx

Appendix 12. Patient  
HIPAA/Medical Record Release  
Form- Spanish SPA HIPAA Med  
Rec Release 5 10 16 with  
letterhead version 11.16.16  
track.docx

Appendix 13. Patient Healthcare  
Source Form- Spanish  
Appendix13 SPA healthcare  
source 8.9.16.pdf

Appendix 14. Survey- Spanish  
Appendix14 SPA  
survey 8.9.16.pdf

Appendix 15. Phone Script for  
Follow-up- Spanish  
Appendix15 SPA phone  
script 8.9.16.pdf

Appendix 16. Spanish Translation  
Certificate  
Appendix16 Affidavit O-  
011222 8.9.16.pdf

Appendix 17. FAQ Brochures  
(English only) Appendix17 FAQ  
brochures 8.9.16.pdf

English Patient Letter v.11.17.16

Spanish Patient Letter v. 11.22.16

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**\* Study Performance Sites:**

There are no items to display

Other 120 Albany Street, Tower 2, 8th Floor, New Brunswick, NJ 08903

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**ALL APPROVED INVESTIGATOR(S) MUST COMPLY WITH THE FOLLOWING:**

1. Conduct the research in accordance with the protocol, applicable laws and regulations, and the principles of research ethics as set forth in the Belmont Report.
2. **Continuing Review:** Approval is valid until the protocol expiration date shown above. To avoid lapses in approval, submit a continuation application at least eight weeks before the study expiration date.
3. **Expiration of IRB Approval:** If IRB approval expires, effective the date of expiration and until the continuing review approval is issued: **All research activities must stop unless the IRB finds that it is in the best interest of individual subjects to continue. (This determination shall be based on a separate written request from the PI to the IRB.) No new subjects may be enrolled and no samples/charts/surveys may be collected, reviewed, and/or analyzed.**
4. **Amendments/Modifications/Revisions :** If you wish to change any aspect of this study, including but not limited to, study procedures, consent form(s), investigators, advertisements, the protocol document, investigator drug brochure, or accrual goals, you are required to obtain IRB review and approval prior to implementation of these changes unless necessary to eliminate apparent immediate hazards to subjects.
5. **Unanticipated Problems:** Unanticipated problems involving risk to subjects or others must be reported to the IRB Office (45 CFR 46, 21 CFR 312, 812) as required, in the appropriate time as specified in the attachment online at: <https://orra.rutgers.edu/hssp>
6. **Protocol Deviations and Violations :** Deviations from/violations of the approved study protocol must be reported to the IRB Office (45 CFR 46, 21 CFR 312, 812) as required, in the appropriate time as specified in the attachment online at: <https://orra.rutgers.edu/hssp>
7. **Consent/Assent:** The IRB has reviewed and approved the consent and/or assent process, waiver and/or alteration described in this protocol as required by 45 CFR 46 and 21 CFR 50, 56, (if FDA regulated research). Only the versions of the documents included in the approved process may be used to document informed consent and/or assent of study subjects; each subject must receive a copy of the approved form(s); and a copy of each signed form must be filed in a secure place in the subject's medical/patient/research record.
8. **Completion of Study:** Notify the IRB when your study has been stopped for any reason. Neither study closure by the sponsor or the investigator removes the obligation for submission of timely continuing review application or final report.
9. The Investigator(s) did not participate in the review, discussion, or vote of this protocol.
10. Letter Comments: *There are no additional comments.*

**CONFIDENTIALITY NOTICE:** This email communication may contain private, confidential, or legally privileged information intended for the sole use of the designated and/or duly authorized recipients(s). If you are not the intended recipient or have received this email in error, please notify the sender immediately by email and permanently delete all copies of this email including all attachments without reading them. If you are the intended recipient, secure the contents in a manner that conforms to all applicable state and/or federal requirements related to privacy and confidentiality of such information.