The Maryland Department of Health (MDH) Institutional Review Board (IRB) is responsible for reviewing and approving all proposed research projects involving human subjects covered by 45 Code of Federal Regulations (CFR) Part 46 as well as, 21 CFR 50 and 56, occurring in any MDH facility or involving any MDH program. The primary purpose of the IRB is to protect the rights and dignity of individuals who volunteer to participate in human subject research.

The MDH IRB shall review all human subject research projects that fit into any of the following categories:​

* The project is f​unded with federal, State, or other funds available from or through MDH.
* The human subjects are patients or clients of MDH.
* The data sought by the investigator is held or compiled by or for MDH.
* The investigator is an employee of MDH or a student in a residency program at MDH and is conducting the research as a function of their employment or training.

The IRB is also charged with the responsibility of determining if a project qualifies as being exempt from IRB review requirements.

**Research involving any MDH unit or facility must be signed off by the Director or Administrator (research involving local health departments requires the “Health Officer’s” signature) of the unit or facility prior to submitting to the IRB office. The Director's signature should appear on the line designated for the "MDH Program Administrator" on IRB Form 1 (MDH 2124, Attachment 3). All research involving one of MDH Healthcare System’s hospitals or facilities must be signed off by the Director of MDH Healthcare System.** Spring Grove Hospital Center and Clifton T. Perkins Hospital Center both have an independent research approval committee. Any proposal that involves research at these facilities must be approved by that facility's review board. See Attachment 1.

Any proposal that involves another collaborating institution or agency must be approved by the collaborating institution or agency. Student research must be approved by the student's educational institution.

The IRB meets the third Thursday of each month. The deadline for proposals to be included for each meeting's agenda is 10 calendar days prior to the meeting date. Proposals will be reviewed in the order received. No more than five new proposals will be considered at any meeting See Attachment 2 for schedule. All new proposals in excess of five or received after the cut- off date will be placed on the next month's agenda.

Proposals should include the following:

1. A completed form MDH 2124 (Attachment 3), must have signature of MDH Program Administrator.

2. An abstract summary (For guideline, see Attachment 4).

3. Narrative including:

a. Pertinent background information; and

b. A detailed protocol

4. Copies of all instruments to be used, e.g., record abstraction form, interview form, questionnaire, etc.

5. Copies of all informed consents or disclosure statements, when applicable (See Attachment 5 for elements of informed consent).

6. Assurance that an evaluation of ability to consent will be utilized if the proposed research involves cognitively impaired or mentally ill subjects.

7. Copies of IRB approvals from other involved institutions.

If your protocol is scheduled for a convened meeting review, you will be informed of the date and approximate time of the review. Although it is not required that the principal investigator attend the IRB meeting, his or her doing so can facilitate the process should the Board members have questions regarding the protocol to be followed to carry out the proposal.

Should you have any questions as you prepare your proposal for submission, please feel free to contact Ms. Gay Hutchen, IRB Administrator. She can be reached at (410) 767-8448 or gay.hutchen@maryland.gov .

**\*\*PROTOCOLS SUBMITTED WITHOUT THE “MDH PROGRAM ADMINISTRATOR’S” SIGNATURE WILL NOT BE REVIEWED UNTIL THE SIGNATURE IS OBTAINED\*\***

**ATTACHMENT I**

MDH HEALTHCARE SYSTEM FACILITIES WITH A RESEARCH APPROVAL COMMITTEE

Spring Grove Hospital Center

Dr. Nithin Krishna

nithin.krishna1@maryland.gov

Clifton T. Perkins Hospital Center

Dr. Adam Brown

adam.brown@maryland.gov

**ATTACHMENT 2**

 **IRB MEETING SCHEDULE FOR JANUARY 2023- DECEMBER 2023**

**All proposals must be in the IRB’s office 10 days prior to the third Thursday of each month.**

**Proposal Due Dates IRB Meeting Dates**

 January 9, 2023 January 19, 2023

February 6, 2023 February 16, 2023

March 6, 2023 March 16, 2023

April 10, 2023 April 20, 2023

May 8, 2023 May 18, 2023

June 5, 2023 June 15, 2023

July 10, 2023 July 20, 2023

August 7, 2023 August 17, 2023

September 11, 2023 September 21, 2023

October 9, 2023 October 19, 2023

November 6, 2023 November 16, 2023

December 11, 2023 December 21, 2023

**ATTACHMENT 3**

PROTOCOL #\_\_\_\_\_\_\_\_\_

IRB Office Use Only

MARYLAND DEPARTMENT OF HEALTH

OFFICE OF INTERNAL CONTROLS AND AUDIT COMPLIANCE

INSTITUTIONAL REVIEW BOARD

**FORM 1 (MDH 2124)**

PROTOCOL STATUS: \_\_\_\_NEW APPLICATION

 \_\_\_\_ DISSERTATION/\_\_\_\_STUDENT RESEARCH \_\_\_\_ RE-APPLICATION **(**new application resulting from approval lapse)

TITLE OF STUDY:

PRINCIPAL INVESTIGATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE PRINT OR TYPE NAME**

CO-PRINCIPAL INVESTIGATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **SIGNATURE PRINT OR TYPE NAME**

STUDENT INVESTIGATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Academic Advisor should be PI) SIGNATURE PRINT OR TYPE NAME**

MAILING ADDRESS **(Include organizational** **affiliation, e.g. University or MDH Program):**\_Click or tap here to enter text.

**PHONE** #       **FAX #**  **E-MAIL:**

FUNDING SOURCE: [ ]  FEDERAL

**(Provide the name of the agency** [ ]  STATE

 **on the line next to the source)** [ ]  OTHER

IF NO FUNDING SOURCE EXPLAIN HOW THIS STUDY WILL BE FINANCIALLY SUPPORTED:

PROVIDE THE NAME(S) OF THE MARYLAND DEPARTMENT OF HEALTH ‘S (MDH) ADMINISTRATION(S) OR PROGRAM(S) PROVIDING DATA OR ALLOWING RECRUITMENT OF SUBJECTS FOR THIS STUDY:

1.      3.

2.      4.

**ATTACHMENT 3**

HAVE YOU CONTACTED THIS/THESE MDH PROGRAM(S) REGARDING YOUR PROTOCOL?

 [ ]  YES [ ]  NO

HAVE THEY APPROVED YOUR PROTOCOL? [ ]  YES [ ]  NO (IF YES, SIGNATURE REQUIRED BELOW)

NAME OF MDH PROGRAM ADMINISTRATOR(S) AUTHORIZING INVOLVMENT IN THIS STUDY:

**(Obtain signature(s) prior to submission to the IRB for review. \*Protocols will not be reviewed without signature(s))**

1.      SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PRINT) (DATE)

2.      SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PRINT) (DATE)

3.      SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PRINT) (DATE)

4.      SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (PRINT) (DATE)

DOES THIS STUDY INVOLVE INTERACTION OR INTERVENTION WITH HUMAN SUBJECTS? [ ]  YES [ ]  NO

DOES THIS STUDY REQUIRE THE USE OF MDH DATA/DATA SET? [ ]  YES [ ]  NO

DOES THIS STUDY INVOLVE:

* THE STORAGE, MAINTENANCE AND SECONDARY RESEARCH USE OF IDENTIFIABLE PRIVATE INFORMATION? [ ]  YES [ ]  NO
* IDENTIFIABLE BIOSPECIMENS COLLECTED FOR EITHER RESEARCH STUDIES OTHER THAN THIS PROPOSED RESEARCH OR NON-RESEARCH PURPOSES ? [ ]  YES [ ]  NO

DOES THIS STUDY INVOLVE? (Check all that apply and provide details in protocol)

MINORS (UNDER 18 YEARS OF AGE) [ ]  INTELLECTUAL DISABILITY [ ]

ELDERLY ( >65) [ ]  FETAL TISSUE OR ABORTUS [ ]

PRISONERS [ ]  RADIOACTIVE MATERIAL [ ]

DEVELOPMENTALLY DISABLED INFECTIOUS AGENTS [ ]

 INDIVIDUALS [ ]  PREGNANT WOMEN [ ]

INDIVIDUALS WITH LEGAL

 GUARDIAN [ ]

**ATTACHMENT 3**

DOES THIS STUDY POTENTIALLY INVOLVE? (Check all that apply and provide details in protocol)

PHYSICAL RISK TO SUBJECT [ ]  SOCIAL RISK [ ]

PSYCHOLOGICAL RISK TO SUBJECT [ ]  PHYSICAL OR MENTAL DISCOMFORT

RISK OF DISCLOSURE OF INFORMATON POSSIBLY TO SUBJECT [ ]

 DAMAGING TO SUBJECT OR OTHERS [ ]  INVASION OF PRIVACY [ ]

WILL INFORMED CONSENT BE OBTAINED? [ ] YES [ ] NO

IF YES, HAVE YOU MET REQUIREMENTS OF 45 CFR 46.116 [ ]  YES [ ]  NO

**(see attachment 5)**

ARE YOU REQUESTING A WAIVER OF INFORMED CONSENT? [ ] YES [ ] NO

IF YES, PROVIDE THE BASIS (IN ACCORDANCE WITH [**45 CFR 46.116(f)**](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html) ) FOR YOUR REQUEST:

ARE YOU REQUESTING A WAIVER OF DOCUMENTATION OF INFORMED CONSENT (MUST MEET THE REQUIREMENT OF 45 CFR 46.117)? [ ]  YES [ ] NO

ARE YOU REQUESTING A HIPAA WAIVER? [ ] YES [ ] NO IF YES, [ ]  FULL [ ]  PARTIAL

HAS THIS PROTOCOL BEEN REVIEWED BY ANOTHER IRB? [ ]  YES [ ]  NO

IF YES, PLEASE PROVIDE COPY OF IRB APPROVAL

IF NO, EXPLAIN WHY

ATTACH LIST OF ALL RESEARCH STAFF (INCLUDING PI) INDICATING DATE OF LAST TRAINING FOR THE PROTECTION OF HUMAN RESEARCH PARTICIPANTS (Training should be within the last three years)

**FOR THE IRB TO APPROVE A PROTOCOL, THE FOLLOWING CONDITIONS MUST BE MET. PLEASE ENSURE THAT YOUR PROTOCOL ADDRESSES EACH OF THESE ITEMS**.

* RISKS ARE MINIMIZED THROUGH SOUND RESEARCH DESIGN, NO UNNECESSARY EXPOSURE TO RISK, AND WHENEVER APPROPRIATE, USE DIAGNOSITIC OR TREATMENT PROCEDURES FAMILIAR TO SUBJECT
* RISKS ARE REASONABLY RELATIVE TO ANTICIPATED BENEFTS
* SELECTION OF SUBJECTS IS EQUITABLE
* INFORMED CONSENT IS OBTAINED (copy provided to participant)

**ATTACHMENT 3**

* INFORMED CONSENT WILL BE DOCUMENTED (IF APPLICABLE)
* PROVISIONS TO PROTECT THE PRIVACY OF SUBJECTS AND CONFIDENTIALITY OF DATA ARE ADEQUATE
* ADEQUATE PROVISIONS FOR MONITORING DATA COLLECTION TO ENSURE SAFETY OF SUBJECTS
* APPROPRIATE SAFEGUARDS ARE INCLUDED FOR VULNERABLE SUBJECTS
* \*ALL APPROPRIATE SIGNATURES

**ATTACHMENT 4**

**GUIDELINES FOR PREPARING THE ABSRACT SUMMARY**

1. Summarize the purpose of this study including the research questions and hypothesis to be evaluated.
Explain how the results of the study will be used.
2. Describe in detail, **methods and procedures to be used**, **include recruitment details and duration of participation (if applicable).**
3. Describe the inclusion/exclusion criteria for the study population (if applicable).
4. Describe source and collection details for research that involves the collection of identifiable private information or identifiable biospecimens, indicate if the research is limited to the **storage or maintenance** of identifiable private information or identifiable biospecimens for secondary research use (if applicable).
5. Describe and assess any potential risks (physical, psychological, social, legal or other and assess the likelihood and seriousness of such risk. Provide procedures for protecting against or minimizing potential risk and assess their likely effectiveness.
6. Assess the potential benefit to be gained by the individual subjects as well as the benefit which may accrue to society in general resulting from the planned protocol. Indicate how the benefits outweigh the risks.
7. Describe **consent procedures to be followed if appropriate, including how and where informed consent will be obtained**. If documented informed consent will not be obtained, a disclosure statement may be furnished to participants **(if applicable assent must be obtained for participants under the age of 18**). Protocols which involve the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens may obtain broad consent. Provide actual copy of consent form or disclosure statement.
8. Describe the methods for safeguarding confidentiality and/or measures for protecting anonymity (**provide clear and precise information on where data will be stored, who has access and disposition plans for confidential data**).
9. If the study involves an interview, describe where and in what context the interview will take place. (The approximate length of time required for the interview should also be stated in the consent form.)
10. Include final study instrument(s) with IRB application. (If final is not submitted, data collection cannot begin until instruments are review and approved by Board.)

**ATTACHMENT 5**

**COMPONENTS OF INFORMED CONSENT**

**The consent form must:**

* **Be in a language understandable to the subject or the legally authorized representative;**
* **Be sufficient in details relating to the research and must be organized and presented in a way that does not merely list isolated facts;**
* **Begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reason why one might or might not want to participate in the research; and**
* **Not contain any exculpatory language that through which subject or legal authorized representative is made to waive or appear to waive any of the subject’s legal rights.**
* **Provide and “ability to consent for individuals or minors whose ability to give informed consent may be compromised. In these cases, if participant consents to participation, an "ability to consent" evaluation must be included in the consent procedures. If legally authorized representative or parental or guardian consent is obtained, prospective participants should assent to participation whenever possible**.

1. Invitation to participate in study.

2. Clear and concise purpose of study

3. Explanation of study procedures organized and presented in a way that facilitates comprehension by prospective subjects to determine participation. Include expected duration of participation and if any procedures are experimental. Approximate number of subjects involved.

4. Assurance that subject has the right to refuse to participate, and that refusal will not place subject in jeopardy or loss of any benefits otherwise entitled.

5. Assurance that subject has the right to withdraw from participation and that withdrawal will not place the subject in jeopardy or loss of any benefits otherwise entitled.

6. Description of potential risks, discomforts, inconveniences, or threats to dignity involved in study.

7. Description of potential benefits of participation in study.

8. Description of compensation to be expected, whether monetary or otherwise (if applicable).

9. Disclosure of available alternatives (if applicable).

10. Assurance of confidentiality or anonymity.

11. Statement regarding contact person and an offer to answer questions about the protocol.

12. Statement regarding IRB contact person to answer questions about rights as a research participant.

**ATTACHMENT 5**

13. Concluding statement noting that subject indicates by signature (or, in certain studies, return of completed questionnaire) that he/she has read the information and has decided to participate.

 resulting from participation.

14. Research that involves the collection of identifiable private information or identifiable biospecimens must include one of the following of statements:

* Statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and once removed could be used for future research or distributed to another investigator for future research studies without additional informed consent from the subject or legal authorized representative; or
* Statement that even if the identifiers are removed from the subject’s information or biospecimen, it will not be used for future research or distributed for future research studies.

**Additional Elements of Informed Consent**

One or more of the following elements of information shall be provided to subject or legal authorized representative when appropriate:

* Statement regarding possible unforeseeable risk from a particular treatment or procedures to subject (or embryo or fetus if subject is or may become pregnant)
* Circumstance which participation may be terminated by the investigator
* Any cost to subject resulting from participation
* Consequences of a subject’s decision to withdraw from research and procedures for termination of participation
* Information on significant new findings developed during the research that may relate to subject’s willingness to continue participation will be provided
* Approximate number of participants
* Statement regarding possible commercial profit from use of biospecimens and whether subject will or will not benefit from such profit
* Statement indicating whether clinically relevant research results (including individual results) will be shared with subject and if so under what circumstances
* For research involving biospecimens, indicate whether the research will (if known) or might include whole genome sequencing (i.e., sequencing of a human germline or somatic specimen with an intent to generate the genome or exome sequence of that specimen)