Title: **Responsibilities of the Principal Investigator**	*Applicable to: **Beaumont Health**	Effective Date: **01/12/2018**
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Policy Owner: **Administrative Director**	Document Type: **Policy**	Functional Area: **Research Administration, Research Institute**

***For This Document, Beaumont Health Includes**:
Beaumont Corporate Shared Services
Beaumont Hospital, Dearborn
Beaumont Hospital, Farmington Hills
Beaumont Hospital, Grosse Pointe
Beaumont Hospital, Royal Oak
Beaumont Hospital, Taylor
Beaumont Hospital, Trenton
Beaumont Hospital, Troy
Beaumont Hospital, Wayne
Beaumont Medical Group
Beaumont Pharmacy Solutions
Post Acute Care

I. PURPOSE:

This policy outlines the responsibilities of the Principal Investigator (PI) conducting research of any type (e.g., basic, translational, animal, clinical, outcomes) at Beaumont Health.

II. OBJECTIVE:

This policy applies to all PIs leading research studies at Beaumont. The PI is responsible to Research Institute administration for following federal and state research regulations and guidelines, and Beaumont research policy. The PI is also responsible to the Chair of the Institutional Review Board (IRB), Animal Care Committee (ACC), or other research oversight committee and the Chair of his/her clinical department. All research staff including but not limited to managers, directors, scientists, nurses, coordinators, assistants, associates, etc., are under the direction of the Research Institute (RI). Prior to implementing research department personnel changes, the research manager for the given department will consult with and notify the department chief and/or the medical director of research. Any concerns raised by the department chief, medical director for research or the PI related to personnel changes will be reviewed by the Administrative Director of Research, who will work with those involved to resolve the concern. Plans to ensure patient safety, during any staffing transition, will be ensured.

III. RESPONSIBILITY:

It is the responsibility of the PI to be knowledgeable regarding their responsibilities in conducting research.

IV. PROCEDURE:

A. General Responsibilities of the Principal Investigator:

1. Assume responsibility for all aspects of study conduct thereby protecting the rights, welfare and safety of all research participants, human or animal.
2. Maintain knowledge of federal and local regulations, in addition to RI policies and procedures governing human participants, animal, translational or outcomes research.
3. Assess overall feasibility and manage logistics of conducting the study at Beaumont, including assuring adequate research personnel, equipment and facilities.
4. Personally conduct and supervise the study.
5. Initiate the research only after the appropriate oversight committees have reviewed and granted approval for the research. Oversight committees may include the IRB, ACC, Biosafety, Radiation Safety, Conflict of Interest and other committees that may be established to support research at Beaumont. In the case of exempt human participant research, concurrence with exemption from IRB review must be granted by the IRB prior to initiation of the research.
6. Conduct the study according to the current protocol approved by the appropriate oversight committee, except where necessary to eliminate apparent immediate harm to participants. If changes in research are necessary prior to oversight committee review and approval to eliminate apparent harm, inform the oversight committee as soon as possible.
7. Make no changes to the protocol without gaining prospective oversight committee approval and sponsor approval (as applicable).
8. Ensure all human participants undergo the informed consent process outlined in the approved IRB application.
9. Be knowledgeable about the study protocol, test article, and participant population. Read and understand the Investigator's Brochure or Instructions for Use prior to study start.
10. Ensure all key research personnel are qualified, knowledgeable and competent to perform their role-specific, delegated tasks.
11. Ensure only key personnel to whom you have formally delegated tasks participate in the research conduct, including recording data, responding to queries, or performing any research procedures.
12. Maintain thorough and accurate research records.
13. Report unanticipated problems or adverse events in clinical studies to the IRB in accordance with IRB policy 200 *Unanticipated Problem and Adverse Event Reporting*. Report unanticipated problems and adverse events to appropriate external regulatory bodies and the study sponsor, as required per regulations and sponsor SOPs.
14. Report Protocol Deviations to the IRB in accordance with IRB policy 229 *Protocol Deviations*, as required per regulations and sponsor SOPs.

15. Report immediate changes necessary for an animal protocol to the ACC, in accordance with RI policy 404 *Significant Changes to Approved Animal Research Protocols*. Obtain ACC approval for the change before implementation for future animals or procedures.
16. Manage test article accountability, including secure storage, use, disposition, and reconciliation.
17. Manage participant safety, including providing participant education, assuring compliance with test article regime and study visit schedule, monitoring tolerance and response to research activities, assessing unanticipated problems and adverse events, referring for any needed medical care for a research-related adverse event, and assuring the participant receives medical guidance for any concurrent illnesses.
18. Protect the confidentiality of all research participants and research data.
19. If circumstances necessitate the unblinding of a participant, assure it is conducted in accordance to procedures described in the protocol and sponsor SOPs. Assure all details are well documented and all required notifications are made.
20. Assure any compensation or incentive to research participants is provided in compliance with IRB policy 220 *Compensation to Research Participants*.
21. Assure study is conducted in a safe environment. All key personnel must be provided with appropriate personal protective equipment.
22. Comply with any study specific requirements from the IRB, ACC or oversight committee, such as conflict of interest management plans, data and safety monitoring committees or independent audits of research activities.

B. **Provide Qualifications and Agreements:**

1. If the study is sponsored or externally funded, provide the Confidentiality Disclosure Agreement (CDA) to the Research Institute Administrative Director. The Administrative Director and Beaumont's Legal Affairs are responsible for executing CDAs on behalf of Beaumont. The CDA signatory must be the VP of Research or Administrative Director of the RI.
2. Complete applicable research and protocol-specific education requirements. Such training may include Human Participants Protection Training (CITI), working with the IACUC (CITI), Research Services Training Manual, hands on species specific training, specimen packaging and shipping, research billing, and research compliance.
3. Maintain a current curriculum vitae and professional license and provide these documents to the IRB, ACC or appropriate oversight committee and sponsors as requested.
4. Sign the Statement of Investigator Form (FDA Form 1572) prior to the initiation of a pharmaceutical clinical trial, or the Investigators Agreement prior to initiation of a device clinical trial, and maintain all versions throughout the study.

5. Obtain a Materials Transfer Agreement (MTA) for trials involving research materials from other institutions or organizations, including biologics and reagents.
6. Provide the MTA, Clinical Trial Agreement (CTA) or Research Agreement (RA) to the VP of Research or Administrative Director of the RI. The VP of Research or the Administrative Director of the RI and Beaumont's Legal Affairs are responsible for negotiating MTA's, CTA's, RA's and all research related contracts on behalf of Beaumont. The contract signatory must be the VP of Research or the Administrative Director of the RI. .
7. Complete a Research Conflict of Interest Disclosure Form in accordance with Research Administration policy Conflict of Interest for an Individual Involved in Research and update as required throughout the duration of the study.
8. Notify Research Administration, the IRB, ACC or oversight committee and the sponsor if you intend to cease functioning as the PI or leave Beaumont during the trial, to ensure PI responsibilities are properly transferred to another investigator or the trial is closed, and provisions are made to assure participant safety, where necessary.
9. Notify Research Administration and the IRB, ACC or oversight committee and the sponsor if you or any key personnel have ever been sanctioned by a licensing body or federal or state agency prior to acceptance of a grant award or initiation of the research or if you or any key personnel are investigated or sanctioned by a licensing body or federal or state agency at any time during the study. This includes all degrees of investigation, restriction, disqualification, debarment and/or exclusions. All sanctions imposed on a Beaumont investigator will be reported to the Beaumont Credentialing Committee.

C. **Informed Consent Process Oversight in Human Participants Research:**
1. Ensure consent process for all participants is conducted in accordance with the IRB approved application, local and federal regulations governing human participants, and RI policies and procedures.
2. Obtain a signed informed consent and authorization document from the participant or their legally authorized representative (when applicable) and an assent document (when applicable) prior to the initiation of any research-related activity.
3. Ensure appropriate documentation of the consent process in the participant's case history. Include the following in documentation: the participant was given ample time to consider participating in the trial, no research-related activities occurred prior to consent being obtained, the participant was given a signed copy of the consent document, the original

consent document was placed in the research record, and a signed copy was placed in the medical chart (if there is a medical chart for the participant related to this encounter).

D. **Ensure Initial and Ongoing Review and Approval of Protocol by the IRB or ACC:**
1. Complete and submit an initial IRB application as described in IRB policy 216 *Initial Review of Research* or ACC application as described in RI policy 401 *Protocol Review Process for Animal Research Projects.*
2. Ensure the informed consent and authorization document(s) contain all IRB-required elements as described in IRB policy 221 *Informed Consent and Authorization Process*.
3. Submit Progress Reports to facilitate continuing review by the IRB, as described in IRB policy 205 *Continuing Review and Renewal of a Protocol*, or to the ACC as described in RI policy 401 *Protocol Review Process for Animal Research Projects.*
4. Submit and receive approval prior to the initiation of any protocol changes via the Amendment Request form as described in IRB policy 202 *Amendment to the Protocol* or RI policy 404 *Significant Changes to Approved Animal Research Protocols.*
5. Report protocol deviations to the IRB, according to sponsor definitions and procedures described in the protocol, as described in IRB policy 229 *Protocol Deviations*.
6. Report any unanticipated problems or adverse events as described in IRB policy 200 *Unanticipated Problem and Adverse Event Reporting*. Personally determine severity and causality of on-site and off-site unanticipated problems and serious adverse events.

E. **Assure Data Integrity:**
1. Remain actively engaged throughout the data collection, review and analysis processes.
2. Ensure study data is factual and genuine.
3. Ensure the accuracy, completeness, legibility and timeliness of data reported on CRFs and in all required reports, databases or laboratory notebooks.
4. Ensure data is attributable to the individual who collected it, including data entered on case report forms and data queries. Require all study staff to sign and date information they have personally collected and recorded. Any change or correction should include an audit trail, clearly indicating who made the change, when and for what reason.
5. Document timely PI review of all data collected with the PI's signature and date.
6. Ensure all CRF data can be verified with an original source document. Data on CRFs must be derived from source documents and be consistent with the source documents, or discrepancies should be explained.
7. Ensure timely response to queries or requests for clarifications from the sponsor or data management staff. Comply with sponsor identified procedures to correct data and/or CRFs.

8. Do not permit sponsor representatives, such as monitors, to generate or record data, including prohibiting them from completing source documents or CRFs/data queries.
9. Do not permit use of your stamped signature; stamped signatures are not permitted for Beaumont research, either for the PI or other key personnel.
10. Adhere to randomization and blinding procedures.
11. Provide reports as requested by the sponsor, IRB, ACC, other oversight committee or external regulatory authorities e.g., progress reports or enrollment updates. Ensure safety reports are reported to sponsors immediately upon awareness of the event.
12. Clearly document any human participant or animal withdrawal, reason for early termination or those participants lost to follow-up.

F. **Maintain all Study-Related Documents until Written Permission to Destroy Records is Gained from the IRB and Sponsoring Agency, in Accordance with IRB policy 232 *Research Record Retention* and Clinical SOP 608 *Regulatory Files and Study Participant Files*:**
   1. Preserve participant research records including the original informed consent and authorization documents, CRFs, and case histories, including all appropriate supporting documentation such as progress notes, laboratory reports, procedure notes, etc.
   2. Retain regulatory documents, including the signed 1572, all approved protocol and consent versions, all IRB and sponsor correspondence, CVs, professional licenses, financial disclosure documents and conflict of interest disclosure forms for all investigators and key research personnel.
   3. For trials in which laboratory studies are being conducted, a copy of the laboratory normal ranges must be filed, as well as record of the laboratory accreditation certifications, specifically CAP (The College of American Pathologists) and CLIA (Clinical Laboratory Improvement Amendments).

G. **Assume Responsibility for the Test Article (drug or device) at the BHS Study Site:**
   1. See Clinical SOP 604 *Investigational Drug and Study Drug Management* and Clinical SOP 607 *Investigational Device Accountability, Storage, Distribution and Return.*
   2. Ensure proper use by the participant and storage within article-specified safety parameters.
   3. Maintain accountability and disposition records of the investigational drug or device from study start to end, including dates, quantities, use by study participants, and any amounts returned.
   4. Test articles must be stored in a secure location with access limited to qualified key personnel. If the test article is a controlled substance, it must be kept under double lock.

5. Any deviations on the use or storage of the test article must be reported to the IRB following IRB policy 229 *Protocol Deviations.*

H. **Manage Study Operations:**
1. Ensure effective communication with participants, research personnel, the IRB, ACC, other oversight committee, RI Accounting, the sponsor or sponsor representative (CRO).
2. Hold regularly scheduled meetings with research personnel to review protocol compliance, identify any shortcomings and affect solutions.
3. Attend the investigator's meeting and any scheduled sponsor-mandated teleconferences throughout the duration of the study.
4. Maintain availability in the event of audit by external auditor or regularly scheduled monitor visit by the sponsor or sponsor representative.

I. **Manage Study Finances:**
1. The PI bears primary responsibility for the study budget, accurate financial reporting, and fiscal management. When the study is conducted under the auspices of an established clinical trials office, the clinical research manager of the clinical trial office is responsible for assisting PIs with study start-up processes, including budget and contract development.
2. Ensure a study budget has been developed with Research Finance and fully approved by RI for every study prior to the commencement of any research activities, in accordance with Research Administration policy 304 *Establishing a Study Budget* and other applicable RI policies.

J. **Participate in Quality Assurance and Compliance Activities:**
1. Participate in internal audit processes as required by the Clinical Research Quality Improvement Program and the RI Compliance Plan.
2. If contacted by the trial sponsor or an external regulatory body, such as the Food and Drug Administration (FDA), about an upcoming inspection, contact the RI office of the Administrative Director immediately.
3. Participate in sponsor-lead audits, as directed and contracted with the sponsor.
4. Assure you and key personnel disclose any potential conflicts of interests which exist at time of study submission or which develop during the course of the study, in accordance with Research Administration policy Conflict of Interest for an Individual Involved in Research. The IRB and RI Conflict of Interest Committee may impose a management plan designed to reduce or eliminate actual or perceived conflicts. Ensure the study is conducted in compliance with the specifics of the management plan, and participate in

annual study audits conducted by Research Administration to confirm and document management plan compliance.

K. **Publications and Providing Information to the Public:**

1. Any use, publication or presentation of study results or data must be prospectively reviewed by the sponsor and must be in accordance with the terms of the materials transfer agreement, clinical trial or research agreement.
2. Any use of Beaumont's name by the sponsor in connection with the study must be pre-approved by Research Administration.
3. Any advertising, press releases, articles in internal Beaumont publications, Beaumont Pressroom articles or posting of clinical trials on Beaumont external website must be prospectively reviewed and approved by the IRB and the sponsor (where applicable), in accordance with IRB policy 234 *Clinical Research Promotion.*
4. Photographs and/or videotaping of any research activity must be approved in advance by Public Relations and Research Administration. All requests must include a brief description of the activities to be filmed, a summary of how the pictures and/or video will be used and who will have access to the pictures and/or videotapes. An agreement describing the use of the pictures and/or videos may be required.

L. **Investigator Initiated Research (IIR):**

1. When IIR clinical research is considered greater than minimal risk to human participants, a Beaumont PI is responsible for developing and conducting the research as well as assuming the expanded responsibilities per federal regulations. The PI of an IIR study functions as both the sponsor and investigator, as described in 21 CFR 312.
2. Ensure appropriate randomization, blinding, monitoring, and data review procedures are in place.
3. Participate in the RI Monitoring Program for Investigator-Initiated Clinical Research Projects. This program involves contact with RI in-house monitors, and may involve such activities as review of eligibility and protocol adherence following enrollment of a trial's first participant.
4. For assistance with IIR IRB Submissions, see *Guidelines for Writing Investigator-Initiated Protocols* on the IRB Webpage on Inside Beaumont.
5. When necessary, engage individuals to serve on a Data Safety Monitoring Board or other review committee.
6. If data collection and analysis are performed at Beaumont, the PI is responsible for oversight of these activities, including assuring the qualifications of those providing

support for these activities and assuring appropriate contracts/agreements for collaborators or contracted services.

7. Storing research data securely and in compliance with Beaumont Information Security Policy. Use of a study specific folder on SharePoint for storage of electronic research data is highly recommended. Data from resident or fellow projects approved prior to June 1, 2014 must be uploaded to the SharePoint folder designated for their study prior to their departure from Beaumont.
8. Review and approve all releases of study information, including study data, abstracts, publications and press releases.
9. When the research involves a clinical trial (prospectively enrolling patients to a pre-defined protocol of treatment or observation) which is federally funded, subject to oversight by the Food & Drug Administration (FDA) and/or has the potential to enroll patients who will have claims for payment submitted to CMS (Medicare), the PI must publicly register the study on clinicaltrials.gov. The PI should contact the IRB office for registration instructions.

M. **Research Funded by the Department of Defense:**

1. There are special requirements when conducting human research involving any component of the Department of Defense (DOD). Further information is available on the Research Education web page and in the iMedRIS IRB Application.

N. **Compliance with International Conference on Harmonization:** Study sponsors may contractually obligate the PI to comply with ICH requirements. In this case, researchers and research staff provide all the:

1. Good Clinical Practice (ICH-GCP) disclosures and follow the requirements pertaining to consent covered by ICH-GCP (E6). Further information is available in IRB policy 257 *Clinical Studies Conducted in Full Compliance with ICH-GCP*. The researcher informs the participant's primary physician about his/her participation in the clinical trial if the participant has a primary physician and if she/he agrees to the primary physician being informed.
2. Prior to participation in the trial, the subject or their legally authorized representative should receive a copy of the signed and dated written informed consent and authorization document and any other written information provided to the participants. During a subject's participation in the trial, the subject or their legally authorized representative should receive a copy of the signed and dated consent form updates and a copy of any amendments to the written information provided to participants.

3. Although a participant is not obliged to give his or her reasons for withdrawing prematurely from a clinical trial, the researcher makes a reasonable effort to ascertain the reason, while fully respecting the participant's rights.
4. During and following a subject's participation in a clinical trial, the researcher ensures adequate medical care is provided to each participant for any adverse events, including clinically significant laboratory values, related to the clinical trial.
5. The researcher follows the clinical trial's randomization procedures, if any, and ensures the code is broken only in accordance with the protocol. If the clinical trial is blinded, the researcher promptly documents and explains to the sponsor any premature unblinding.
6. A qualified physician (or dentist, when appropriate), who is a researcher or a co-researcher for the clinical trial, is responsible for all clinical trial-related medical (or dental) decisions.
7. Researchers inform participants when medical care is needed for other illnesses of which the researchers become aware.
8. The researcher provides evidence of his or her qualifications through up-to-date curriculum vitae or other relevant documentation requested by the sponsor, the IRB, or the regulatory authority.
9. The researcher is familiar with the appropriate use of the investigational product, as described in the protocol, in the current investigator brochure, in the product information, and in other information sources provided by the sponsor.
10. The researcher ensures the accuracy, completeness, legibility, and timeliness of the data reported to the sponsor.
11. The researcher permits monitoring and auditing by the sponsor and inspection by the appropriate regulatory authority.
12. The researcher maintains the clinical trial documents as specified in Essential Documents for the Conduct of a Clinical Trial and as required by the applicable regulatory requirements.
13. The researcher must maintain a list of appropriately qualified persons to whom they have delegated significant clinical trial-related duties (key personnel).
14. The researcher reports all serious adverse events and unanticipated problems to the sponsor except for those the protocol or other document (e.g., investigator's brochure) identifies as not needing immediate reporting.
15. The researcher follows regulatory requirements related to the reporting of unexpected serious adverse drug reactions to the regulatory authority and the IRB.
16. The researcher reports adverse events or laboratory abnormalities identified in the protocol as critical to safety evaluations to the sponsor according to the reporting requirements and within the time periods specified by the sponsor in the protocol. For

reported deaths, the researcher supplies the sponsor and the IRB with any additional requested information (e.g., autopsy reports and terminal medical reports). The researcher provides written reports to the sponsor, the IRB, and, where applicable, the organization on any changes significantly affecting the conduct of the clinical trial or increasing the risk to participants.

17. If the researcher terminates or suspends a clinical trial without prior agreement of the sponsor, the researcher informs the organization, sponsor, and the IRB.
18. If the IRB terminates or suspends approval of the clinical trial, the researcher promptly notifies the sponsor.
19. Upon completion of the clinical trial, the researcher informs the organization; the IRB with a summary of the trial's outcome (Final Report); and the regulatory authority with any reports required.
20. Essential documents are retained until at least two years after the last approval of a marketing application in an ICH region and until there are no pending or contemplated marketing applications in an ICH region or at least two years have elapsed since the formal discontinuation of clinical development of the investigational product. Beaumont requires research record retention for 11 years beyond completion of the project.

V. APPLICABLE REGULATIONS AND GUIDELINES:

21 CFR 312.60 General responsibilities of investigators
21 CFR 312.61 Control of the investigational drug
21 CFR 312.62 Investigator recordkeeping and record retention
21 CFR 312.64 Investigator reports
21 CFR 312.66 Assurance of IRB review
21 CFR 312.68 Inspection of investigator's records and reports
21 CFR 312.69 Handling of controlled substances
21 CFR 312.70 Disqualification of a clinical investigator
21 CFR 50 Protection of Human Subjects
21 CFR 54 Financial Disclosure by Clinical Investigators
21 CFR 56 Institutional Review Boards
FDA Information Sheets October 1998:

- Frequently Asked Questions
- Continuing Review After Study Approval
- Recruiting Study Subjects
- Payment to Research Subjects
- Screening Tests Prior to Study Enrollment

- A Guide to Informed Consent
- Sponsor-Investigator-IRB Interrelationship

International Conference on Harmonization Guidance for Good Clinical Practice, May 1997
Animal Welfare Act
Guide for the Care and Use of Laboratory Animals
Public Health Service Policy IV.B.1-8
United States Department of Agriculture
9 CFR 2.31 (c) (1)-(8) Regulations and 2.31(d) (5)(6)&(7) Animal Welfare

IV. REFERENCES TO OTHER APPLICABLE POLICIES:

RI Policy 102 *Administrative Oversight*
RI Policy 107 *Processing Confidentiality Disclosure Agreements*
RI Policy Conflict of Interest for an Individual Involved in Research
IRB Policy 200 *Unanticipated Problems and Adverse Event Reporting*
IRB Policy 202 *Amendment to the Protocol*
IRB Policy 205 *Continuing Review and Renewal of a Protocol*
IRB Policy 216 *Initial Review of Research*
IRB Policy 220 *Compensation to Research Participants*
IRB Policy 221 *Informed Consent and Authorization Process*
IRB Policy 229 *Protocol Deviations*
IRB Policy 234 *Clinical Research Promotion*
IRB Policy 257 *Clinical Studies Conducted in Full Compliance with ICH-GCP*
RI Policy 304 *Establishing a Study Budget*
Research Services Policy 401 *Protocol Review Process for Animal Research Projects*
Research Services Policy 404 *Significant Changes to Approved Animal Research Protocols*
Research Services Training Manual
RI Policy 500 *Training and Education for Individuals Involved in the Conduct of Clinical Research*
IRB Submission Information Document: *Guidelines for Writing Investigator-Initiated Protocols*

All Clinical Research Policies and SOPs

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CORPORATE AUTHORITY:

Beaumont Health ("BH") as the corporate parent to William Beaumont Hospital, Botsford General Hospital, and Oakwood Healthcare Inc., ("Subsidiary Hospitals") establishes the standards for all policies related to the clinical, administrative and financial operations of the Subsidiary Hospitals. The Subsidiary Hospitals, which hold all health facility and agency licenses according to Michigan law, are the covered entities and the providers of health care services under the corporate direction of BH. The Subsidiary Hospitals' workforces are collectively designated as BH workforce throughout BH policies.