



Walter Reed Army Institute of Research
Division of Human Subjects Protection
Standard Operating Procedure

SOP Title	EMERGENCY USE NOTIFICATION AND REPORTING PROCEDURES	SOP No.	UWZ-C-607
Effective Date	APR 06 2011	Version	.01
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Signatures and Dates:

Author:

QA Review

Approving Authority:

Review/Approval for unchanged documents

Date	Author	QA Review	Approving Authority



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1. Purpose/Applicability: This Standard Operating Procedure (SOP) documents the process used by the Walter Reed Army Institute of Research (WRAIR) Institutional Review Board (IRB) to review submissions regarding Emergency Use of a drug, biologic, or device and the corresponding reporting procedures. This SOP also outlines the process of submitting the required documentation to the WRAIR Division of Human Subjects Protection (DHSP).

The U.S. Food and Drug Administration (FDA) and reviewing IRBs recognize that situations arise in which there could be a need to use an investigational drug, biologic, or device in a manner inconsistent with the approved protocol or by a physician who is not an investigator on the clinical study. The criteria for emergency use are defined in the Code of Federal Regulations (CFR) and must be followed. The emergency use provision in 21 CFR 56.104(c) is an exemption from prospective IRB review and approval and may not be used unless all requirements of 21 CFR 56.102(d) are met. This exemption allows one use without prospective IRB review; any subsequent use requires prospective review and approval. The emergency use of an unapproved investigational drug, biologic, or device requires an IND (Investigational New Drug) or IDE (Investigational Device Exemption) application. Should conditions require the use of such for a subject who does not meet inclusion/exclusion criteria for a protocol, the investigator must contact the Sponsor to determine if the drug or biologic can be made available for emergency use under the IND/IDE. FDA may also authorize shipment of the test article in advance of an IND/IDE submission. When emergency care is initiated without IRB review or approval, the patient may not be considered a research subject. Such emergency care may not be claimed as research, and data from an emergency use may not be reported in a way that implies that the activity was a prospectively planned systematic investigation designed to develop or contribute to generalizable knowledge.

Recognizing that the WRAIR is not a military treatment facility (MTF) but that WRAIR investigators may be involved in the emergency use at Department of Defense (DoD) medical centers (MEDCENs), the WRAIR will likely defer review of treatment use to the IRB that has jurisdiction where the emergency use of the product will be performed. This must be a well-coordinated effort to ensure the patient's access to the best available care.



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2. Responsibilities: Those taking responsibility for the actions in this SOP are the WRAIR IRB Members/WRAIR IRB Chair (or designee); the WRAIR IRB Administrative Director and Division of Human Subjects Protection (DHSP) Staff; Commander, WRAIR (Institutional Official) (IO).

- a. The WRAIR IRB Members/WRAIR IRB Chair (or designee):
 - 1) Review the emergency use of a test article and grant concurrence as appropriate, and
 - 2) Notify the IRB Administrative Director of its/his/her action, and
 - 3) Require that the appropriate patient protection procedures are followed.
- b. The WRAIR IRB Administrative Director (or designee):
 - 1) Coordinate documentation of the emergency use of a test article action for the IRB meeting, and
 - 2) Remind the investigator to file appropriate reports, and
 - 3) Ensure that the emergency use of a test article is appropriately tracked in all correspondence and documentation.
- c. The IO is responsible for reviewing the emergency use request and issuing final authority to execute it.

3. Materials and Equipment: Not Applicable.

4. Investigator Guidance:

The Principal Investigator (PI) or WRAIR point of contact is expected to:

- a. Obtain Full Board IRB concurrence for emergency use, or, if the conditions of 21 CFR 56.102(d) are met. The WRAIR IRB Chair may concur with the emergency use and the use may proceed without Full Board IRB acknowledgment, but will need to be obtained later.
- b. Relay to the Commander, WRAIR any intent of emergency use of a test article.
- c. Within five days of the use, submit a follow-up report on the patient's condition, per 21 CFR 56.104(c) to the DHSP for the IRB.



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- d. Include the emergency use in the continuing review report for the study as a separate line item.

5. Procedures:

- a. The WRAIR IRB Chair will:

- 1) Grant concurrence of emergency use of a test article if all conditions of 21 CFR 56.102 are met; this is to be documented in an email or signed memorandum for the PI. A copy is to be retained in the IRB files held in the DHSP. Additionally, this will be detailed in the IRB Minutes. These conditions include:
 - a) The patient is in a life-threatening or serious disease condition requiring immediate treatment;
 - b) There must be no generally acceptable alternative for treatment available;
 - c) There is not sufficient time to submit a protocol/amendment to the FDA or full IRB for approval.
- 2) Notify the IRB Administrative Director of its/his/her action.
- 3) Require that the following patient protection procedures are followed and before the test article is used, require that the physician will:
 - a) Obtain the Full Board IRB or Chair's concurrence;
 - b) Obtain informed consent from the patient or his/her legal representative;
 - c) Obtain an independent assessment by an uninvolved physician;
 - d) Obtain authorization or approval from the Sponsor or manufacturer;
 - e) Obtain Commander, WRAIR implementation concurrence;
 - f) Submit a written report directly to the Sponsor for the FDA that contains a summary of the conditions constituting the emergency, patient protection



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measures taken (informed consent), and the results [applicable only when a medical device is used which does not have an Investigational Device Exemption (IDE)] (the IRB is to receive a copy of this report);

- g) Determine if the test article is likely to be used again; if so, the physician must be designated as an investigator and obtain full IRB approval of an appropriate protocol (or amendment) prior to subsequent use;
- h) Submit all above correspondence and documentation to the IRB as soon as possible, but no later than five days after notification of the use.
- i) Report the status of the emergency use and other relevant information regarding the patient and the test article to the full IRB at the next convened meeting.
- j) Require that each situation in which a test article is to be administered and informed consent cannot be obtained, the physician must:
 - i. Determine and certify in writing the existence of the emergency exception as defined in 21 CFR 50.23;
 - ii. Obtain written certification of the existence of the emergency exception from a second physician who is uninvolved in the case;
 - iii. Notify the IRB of the intent to use the test article under the exception from informed consent criteria;
 - iv. Meet all requirements for emergency exemption from informed consent, as documented in SOP UWZ-C-608.



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b. The IRB Administrative Director/HSP Staff will:

- 1) Coordinate with the IRB Chair, as needed, to obtain documentation for the IRB files and coordinate this action for the IRB meeting.
- 2) Use the date of concurrence to initiate tracking to remind the investigator to file a report with the IRB within the five day time frame required by 21 CFR 56.104.3. Enter the emergency use concurrence in the DHSP database and IRB regulatory file and add the emergency use action to the agenda for the next full IRB meeting.
- 3) Include in the WRAIR IRB Minutes' "Communication to PI" section a statement that "any subsequent use of the investigational product (test article) at WRAIR requires prospective IRB review and approval."
- 4) Maintain a copy of all correspondence and documentation concerning emergency use in the IRB regulatory files for the study.

c. The Commander, WRAIR will:

- 1) Review the emergency use request and ensure that all 21 CFR 56 requirements have been met for emergency use;
- 2) Issue final authority to execute.



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6. Explanation of Abbreviations and Terms:

Biologic	Biological Product as defined in 21 CFR 600, Subchapter F, Part 600
CFR	Code of Federal Regulations
Device	Medical Devices as defined in 21 CFR 812, Subchapter H, Part 812
DHSP	Division of Human Subjects Protection, WRAIR, is the administrative support for IRB functions.
DoD	Department of Defense
FDA	Food and Drug Administration
Human Subjects Research	Research involving humans as research subjects, or involving biological specimens, data, specimens from repositories or anatomical substances of human origin. This includes the administration of questionnaires or surveys, as well as, research done in an educational setting.
IDE	Investigational Device Exemption as defined in 21 CFR 812, Subchapter H, Part 812
IND	Investigational New Drug Application as defined in 21 CFR 312, Subchapter D, Drugs for Human Use
Investigational Drug	A drug used in research as defined in 21 CFR 312, Subchapter D, Drugs for Human Use
IO	Institutional Official
IRB	Institutional Review Board - a specially constituted review body established or designated by an entity to protect the welfare of human subjects.



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Life Threatening:	Diseases or conditions where the likelihood of death is high unless the course of the disease is interrupted and diseases or conditions with potentially fatal outcomes. The criteria for life threatening do not require the condition to be immediately life threatening or to immediately result in death. Rather the subjects must be in a life-threatening situation requiring intervention before review at a convened IRB meeting is feasible.
MEDCENs	United States Army Medical Centers
MTF	Military Treatment Facility
PI	Principal Investigator or WRAIR POC
POC	Point of Contact
Research	A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
Severely Debilitating:	Diseases or conditions that cause major irreversible morbidity including blindness, loss of arm, leg, hand or foot, loss of hearing, paralysis or stroke.
SOP	Standard Operating Procedures
Test Article:	For the purpose of this SOP, the term test article refers to a non-FDA-approved investigational drug, biologic or device.
WRAIR	Walter Reed Army Institute of Research



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7. References:

Reference Number or Authors	Document Title
AR-40-68	<i>Clinical Quality Management</i> , 26 February 2004.
AR-70-25	<i>Use of Volunteers as Subjects of Research</i> , 25 January 1990
Command Policy 2004-11	Standard Operating Procedures (SOP) for Food and Drug Administration (FDA) Regulated Activities within the Command, 1 September 2004.
WRAIR HRPP	
ICH-GCP-E6	<i>Guideline for Good Clinical Practice</i> .
OHRP Guidelines	<i>Guidelines for Formulating Written HURC Policies and Procedures</i> , 11 July 2002. http://ohrp.osophs.dhhs.gov/HURC/HURC_guidebook.htm
Titles 21, 32 and 45	<i>Code of Federal Regulations</i>
Bankert, E. A. and Amdur, R. J.	<i>Institutional Review Board Management and Function</i> (2 nd Edition), 2006, Boston: Jones and Bartlett Publishers.



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8. Forms and Appendices:

FHSP or Appendix Number	Title
	None

8. Document Revision History:

Version Number	Brief Description of Changes	Effective Date
00	New	15 July 2007
.01	Biennial review to include updates for consistencies with current policies and procedures.	APR 06 2011