



**DEPARTMENT OF DEFENSE  
ARMED FORCES HEALTH SURVEILLANCE CENTER  
503 ROBERT GRANT AVENUE  
SILVER SPRING MD 20910-7500**

REPLY TO  
ATTENTION OF

MCAF-ZA

15 June 2011

**INTERNAL POLICY MEMORANDUM 2011-05**

**SUBJECT:** Requests for Information and Serum and the Protection of Human Subjects in the Performance of Surveillance, Public Health Practice, and Research

**REFERENCES:** (APPENDIX 1)

1. **PURPOSE:** To establish procedures and policies for health surveillance data requests and epidemiologic analysis, including access to the Defense Medical Surveillance System (DMSS) and the Department of Defense Serum Repository (DoDSR) [1] and guidance in the conduct of investigations and studies that constitute surveillance, public health practice, or research.
2. **SCOPE:** This policy memorandum is applicable to all personnel assigned or attached to the Armed Forces Health Surveillance Center (AFHSC) and all AFHSC customers, including, but not limited to U.S. Military health care providers, and public health, preventive medicine, and commanding officers.
3. **POLICY:** The AFHSC performs health surveillance, program evaluation, and (mission permitting) militarily-related research support.[2-7] The AFHSC has ethical and legal obligations to ensure that private information pertaining to individuals represented in AFHSC databases is protected in all public health practice (PHP) and research activities AFHSC supports and conducts. All surveillance, research, and study protocol efforts will be planned, carried out, and evaluated in accordance with guidelines set forth in this Policy. All requests must clearly identify and detail specific requirements.
4. **DEFINITIONS:** (APPENDIX 2)
5. **BACKGROUND:** The AFHSC supports DoD medical research, surveillance, and PHP by operating, maintaining, and analyzing information from the DMSS, the storage and use of serum at the DoDSR, and providing funding to DoD partners. The formation of the AFHSC as an overarching DoD surveillance organization assumed responsibility for these assets from other organizations.[3,7] As a result the AFHSC is charged with carrying out a growing number of internal DoD-based evaluations and studies to address operationally and militarily-relevant questions.
6. **GUIDELINES:**
  - a. Basic Requirements and Restrictions.

1) A requester of data, analysis, or serum must be a military service member or government employee working for a U.S. military organization.

2) The study/analysis must address a militarily relevant topic.

3) The types of requests (APPENDIX 3) made to the AFHSC are considered as one of two types: a) Operational (Public Health Practice); and b) Research support.

4) AFHSC can support research, and complex operational analysis activities on a limited basis, resources and mission permitting. Studies that require intense or recurrent resource commitments, such as multiple data extracts, complex and extraordinary analysis, multiple code changes to a single request, are unlikely to be approved and may be curtailed by the Director or designee. Graduate education support, including thesis development and research, are beyond the scope of AFHSC mission.

5) All requests are subject to safeguards of personally identifiable information (PII) or protected health information (PHI) outlined by the Privacy Act of 1974,[8-13] the Health Insurance Portability and Accountability Act (HIPAA) of 1996,[14] and amendments to these laws.

b. Additional Requirements for AFHSC staff.

1) The AFHSC staff may serve as principal or associate investigators whose studies use the AFHSC's data and serum resources. These "internal" investigators shall adhere to the guidelines and requirements of this document and the references in APPENDIX 1.

2) All AFHSC surveillance, public health practice, and research study protocol efforts will be formally reviewed to determine that the activities are necessary, scientifically sound, and whether they constitute research involving human subjects or human anatomical substances. The AFHSC does not support studies that involve contact with human subjects unless the contact occurs for the sole purpose of obtaining informed consent for use of data or serum specimens.

3) When an activity or study is classified as human subjects research, AFHSC staff and collaborators will comply with the guidelines and requirements of the Office of the Secretary of Defense (OSD),[2, 15] other Federal regulations,[16-19] and this policy memorandum as they apply to the protection of human subjects ("The Common Rule").

4) AFHSC investigators must complete Human Subjects Protection and specific HIPAA training and must obtain Institutional Review Board (IRB) approval as described in APPENDIX 4.

## 7. PROCEDURES (APPENDICES 5-10):

a. Detailed procedures are described and contained in appendices 5 thru 10 of this document, including:

1) Determining public health practice or research.

2) Requesting operational or research support.

3) Requirements for requesting serum samples from the DODSR.

- 4) Safeguarding and securing PII and PHI.
- 5) Maintaining all records of requests.
- 6) Delivery of data, serum, and analyses products.
- 7) Approval requirements for publication of manuscripts, presentations and reports.

8. Background information regarding the AFHSC, the DMSS, and the DoDSR[1] may be found at the AFHSC website, <http://www.afhsc.mil>.

9. For DoDSR requests, more specific guidelines are described in "Guidelines for Collecting, Maintaining, Requesting, and Using Specimens Stored in the Department of Defense Serum Repository" (APPENDIX 10).

10. Point of Contact for this policy memorandum is the Chief, Division of Epidemiology and Analysis, (301) 319-3260.



Encl  
12 Appendices

ROBERT F. DEFRAITES  
Colonel, US Army  
Director

## **APPENDIX 1 – REFERENCES**

1. Rubertone MV, Brundage JF (2002). The Defense Medical Surveillance System and the Department of Defense Serum Repository: glimpses of the future of public health surveillance. *Am J Public Health* 92: 1900-1904.
2. Department of Defense Instruction 6490.03, Deployment Health, 11 Aug 2006
3. Department of Defense Directive 6490.02E, Comprehensive Health Surveillance, 24 Aug 2009.
4. Memorandum, Assistant Secretary of Defense (Health Affairs), Establishment of DoD Centers for Deployment Health, 30 Sep 1999.
5. Memorandum, Joint Chiefs of Staff, MCM-0028-07, Procedures for Deployment Health Surveillance, 2 Nov 2007.
6. Memorandum, Assistant Secretary of Defense (Health Affairs), Requirements for Blood Samples Before and After Deployments, 27 Jan 2005.
7. Memorandum, Deputy Secretary of Defense, “Establishing the Armed Forces Health Surveillance Center (AFHSC),” 26 Feb 2008.
8. Federal Register/Vol.74, No. 159/ DoD, Department of the Army, Privacy Act of 1974; System of Records, 19 Aug 2009.
9. Title 45 Code of Federal Regulations §164, Privacy of Individually Identifiable Health Information, 1 Oct 2009.
10. DoD Directive 5400.11, “DoD Privacy Program,” May 8, 2007
11. DoD 5400.11-R, “Department of Defense Privacy Program,” May 14, 2007
12. DoD Instruction 6025.18, Privacy of Individually Identifiable Health Information in DoD Health Care Programs. 2 December 2009.
13. DoD 6025.18-R, “DoD Health Information Privacy Regulation,” January 24, 2003
14. Public Law 104-191, “Health Insurance Portability and Accountability Act of 1996,” 21 Aug 1996.
15. DoD Directive 3216.02, Protection of Human Subjects and Adherence to Ethical Standards in DoD-Supported Research, 24 Apr 2007.
16. Title 32 Code of Federal Regulations §219, Protection of Human Subjects (OSD Common Rule), Sep 2005.
17. Title 45 Code of Federal Regulations §46, Protection of Human Subjects (The Common Rule), 15 Jan 2009.

18. Title 10 U.S. Code, Chapter 55 §1074f, Medical tracking system for members deployed overseas, 17 Oct 2006.
19. Public Law 105-85 sec. 765, Improved Medical Tracking system for Members Deployed Overseas in Contingency or Combat Operations, 18 Nov 1997.
20. USAMRMC, Guidelines for Investigators, 1 Oct 2007.
21. AFHSC IPM 2009-1, Clearance; Publication; and Presentation Routing Guidance, 28 Jul 2009.
22. Title 45 Code of Federal Regulations §160.103, General Administration Requirements, Definitions 16 Feb 2006.
23. CDC Policy, "Distinguishing Public Health Research and Public Health Nonresearch," 29 July 2010.
24. USAMRMC, Human Subjects Research Review Board Policies and Procedures, 14 Mar 2005.
25. Public Law 89-554: 80 Statute 383, "Freedom of Information Act," 6 Sep 1966.
26. Memorandum, Deputy Assistant Secretary of Defense (Force Health Protection and Readiness), Revised Service Guidelines for Reportable Medical Events, 30 Jun 2009.
27. DoD Instruction 6485.01, Human Immunodeficiency Virus. 17 Oct 2006.
28. Title 21 Code of Federal Regulations §56, Institutional Review Boards, 1 Apr 2008.
29. Federal Register Volume 63, No.216, pg 60364-60367, Protection of Human Subjects: Categories of Research that May be Reviewed by the IRB through an Expedited Review Procedure, 9 Nov 1998.
30. Memorandum, Deputy Assistant Secretary of Defense (Health Affairs), Requirements for Blood Samples Before and After Deployments, 27 Jan 2005.
31. Army Regulation 70-25, Use of Volunteers as Subjects of Research, 25 Jan 1990.
32. Office of Human Subjects Research, National Institutes of Health, Information sheet #14, "Guidance on the research use of stored samples or data." 12 Jun 2006.
33. Army Regulation 40-38, Clinical Investigation Program, 1 Sep 1989.
34. USACHPPM MEMO 70-25-1, Human Research Protection Program: Organizational Policies and Procedures, 3 Sep 2009.

34. The Belmont Report: Ethical Principles and Guidelines for the protection of Human Subjects of Research, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 18 Apr 1979.

## APPENDIX 2: DEFINITIONS

- a. **Covered entity** -- an organization that routinely handles protected health information (PHI) in any capacity.[22]
- b. **Generalizable Knowledge** – New information that has relevance beyond the population or program from which it was collected, or that is added to the scientific literature. This information is collected under systematic procedures that reduce bias, allowing the knowledge to be applied to populations and settings different from the ones from which it was collected.[23]
- c. **Force Health Protection** -- An organized program of healthcare preventive or therapeutic treatment or preparations for such treatment designed to meet the actual, anticipated, or potential needs of a group of military personnel in relation to military missions.[15]
- d. **Human Anatomical Substances** -- Human anatomical substances include human organs, tissues, cells, or body fluids including but not limited to blood/sera (finger stick, ear stick, venipuncture, etc.), hair, nails, teeth, skin, sputum or cells gathered from mouth washing, nasal or oral swabs, placenta or amniotic fluid.[24]
- e. **Human Subjects** – A living individual about whom an investigator conducting research obtains (1) data through intervention or interaction with the individual or (2) identifiable private information. In this document, human subjects are also referred to as volunteers.[16,17]
- f. **Individually Identifiable** -- the identity of the subject is known or may readily be ascertained by the investigator or associated with the information.[16,17,23]
- g. **Minimal risk** -- The probability and magnitude of harm or discomfort anticipated in the project are not greater in and of themselves than those ordinarily encountered in daily life or during the performance of routine physical and psychological examinations or tests.[16,17]
- h. **Private Information** -- information about behavior that occurs in a context in which an individual can reasonably expect that no observation or recording is taking place, and information which has been provided for specific purposes by an individual and which the individual can reasonably expect will not be made public (for example, a medical record). Private information must be individually identifiable (i.e., the identity of the subject is or may readily be ascertained by the investigator associated with the information) in order for obtaining the information to constitute research involving human subjects.[16,17,23]
- i. **Protected Health Information** -- individually identifiable health information that is transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium. It excludes individually identifiable health information in education records, records described at 20 U.S.C. 1232g, and employment records. [22]

- j. **Public Health Practice (PHP)** – An activity designed with the intent to treat, prevent or control disease, injury, mental, or other health conditions, or promote or improve health in a population.[23]
- k. **Research** – A systematic investigation designed with the intent to generate, produce, or contribute new and generalizable knowledge.[16,17]
- l. **Surveillance** – The ongoing, systematic collection, analysis, and interpretation of outcome-specific data, closely integrated with the timely dissemination of these data to those responsible for preventing and controlling disease or injury.[23]

## **APPENDIX 3: Request Types**

### **1) Comparative and other inferential analyses**

Requests made for statistical analyses of AFHSC data. Examples include determining risk factors for a given medical condition, predictive modeling of medical outcomes, and assessment of the relative likelihood of injury or illness across service member categories.

### **2) Congressional inquiry**

Congressional inquiries are covered by the provisions of the DoD Blanket Routine Uses for all systems of records [8] and are answered in the timeframe requested whenever possible.

### **3) Freedom of Information Act and the Federal Register**

Individuals may request their own information through the Freedom of Information Act of 1966 and its amendments.[25] In addition, data in DMSS are subject to requests covered by the DoD Blanket Routine Uses [8] (e.g. law enforcement, Congressional inquiries, Department of Justice, Counterintelligence, etc.).

### **4) Global Health Surveillance**

Reports requested for Service or DoD populations, specific locations, or geographic regions of interest. Analyses of in-theater medical encounters from the Theater Medical Data Store (TMDS) and aeromedical evacuations in TRAC<sup>2</sup>ES (TRANSCOM Regulating and Command & Control Evacuation System) are handled in the same fashion as other requests, and typically consist of de-identified data summaries or comparative/inferential analyses.

### **5) Individual clinical data request**

Medical personnel involved in direct patient care of an individual may request specific clinical data including ambulatory or inpatient encounters, HIV test results, or deployment health assessments.

### **6) Requests from news media and the public**

No data analysis will be provided in response to direct requests from the public or from representatives of the media. Completed analysis products and information may be provided upon clearance through official public affairs release mechanisms.

### **7) Medical Surveillance Monthly Report (MSMR) exploratory analysis or report**

*MSMR* requests involve a preliminary exploratory analysis and a final analysis intended for publication. These requests are submitted by in-house *MSMR* staff.

### **8) Operational tasking**

Requests made in writing by individuals with command authority involved in conducting outbreak investigations, audits, or other operational investigations.

### **9) Quality Control**

Maintenance of DMSS requires periodic assessment and revision of the codes used to generate recurring reports. Revised report queries are typically entered as *ad hoc* requests

until the quality control process determines that the rewritten code accomplishes the intended purpose and/or is comparable to the previous coding for the report.

**10) Army HIV Surveillance**

Army-specific requests that are supported by AFHSC include but are not limited to longitudinal tracking of HIV testing for Soldiers.[26,27]

**11) Routine summary of de-identified data for health surveillance**

Requests made for health surveillance information in support of clinical activities, utilization review, contingency planning, disease control (including outbreak investigation) and force health protection. Data line items include aggregate, de-identified data summaries regarding incidence, prevalence, and/or burden of disease as well as the specific location, command or geographic region of concern.

**12) Special Studies**

Special studies include human subjects research, IRB-approved protocols, and requests for the use of serum stored in the DoD Serum Repository.

## **APPENDIX 4: Research requirements for AFHSC staff**

### **1. Human Subjects Protection Training**

- a. Before conducting human subjects studies, AFHSC investigators must complete human subjects protection training. Investigators must have on file at the AFHSC documentation of the most recent human research protection training. Human subjects protection training must have been successfully completed within the preceding three years.
- b. In accordance with reference [15], AFHSC personnel will complete education and training in human subjects protection to ensure compliance with the regulatory requirements of the DoD and its components for the protection of human subjects. These educational activities are customized to meet the needs of “Scientists and Researchers.”
- c. Completion of the Collaborative Institutional Training Initiative (CITI), web-based, self-contained course (<http://www.citiprogram.org/>) meets the initial education requirements.
- d. The training and education modules must be completed prior to the initiation of the human subjects study. Approval of the research protocol will not be granted until completion training certificates are received.
- e. Continuing education in human subjects protection must be completed every three (3) years with the CITI refresher modules.
- f. Different requirements (up to 28 modules) are defined for those involved in Biomedical, Social-Behavioral, or Veteran’s Affairs studies or studies that involve vulnerable populations or are at international sites.

### **2. Privacy Act and Health Insurance Portability and Accountability Act (HIPAA) Training**

- a. Each investigator is required to successfully complete Privacy Act and HIPAA training annually.
- b. For research involving the use of Protected Health Information within or provided by a covered entity, the responsible IRB must review the study description or protocol for compliance with applicable HIPAA regulations. Investigators must provide to the IRB documentation of a HIPAA authorization for disclosure or documentation that the requirement for authorization has been waived.
- c. The IRB has the authority to waive the requirement for HIPAA authorization for use or disclosure of protected health information.[9]

### **3. Institutional Review Board (IRB)**

- a. The Headquarters USAMRMC IRB will serve as the IRB for the AFHSC.

- b. The IRB is responsible for review, approval and ongoing compliance oversight of research studies.[28]
- c. If a research protocol is assessed as minimal risk, it can be approved by an IRB via expedited review if the study involves one of the research categories that qualify for expedited review.[29]
- d. Certain research involving human subjects is exempt from the R3 and IRB review requirements of 32 CFR §219.[16] The categories of research that are exempt from the federal regulations are found in 32 CFR §219.101(b) (APPENDIX 11). The Director, AFHSC may make the final determination of whether a given research protocol is exempt (32 CFR §219.101(c)).

#### **4. Expedited IRB Review**

- a. An IRB may use the expedited review procedure for either or both of the following:
  - 1) Study activities that (a) present no more than minimal risk to human subjects, and (b) involve only procedures listed in one or more of the acceptable expedited categories (45 CFR §46.110; APPENDIX 12).[17]
  - 2) Minor changes in previously approved research protocols during the period of one year or less for which approval is authorized (32 CFR §219.110; 21 CFR §56.110; AR 70-25, 3-2.g.; [16,28,and 30, respectively]).
- b. An expedited review procedure consists of a review of protocols involving human subjects by the IRB in accordance with the requirements set forth in 32 CFR §219.110.[16] A research activity may be disapproved only after review by the convened IRB in accordance with the procedure at 32 CFR §219.108(b).

#### **5. Informed Consent Waiver**

- a. A minimal risk protocol approved by expedited review can have the requirement to obtain informed consent waived by the IRB if it meets the criteria set forth in 32 CFR §219.116(d).[16]
- b. An IRB also has the authority to waive documentation of informed consent as outlined in 32 CFR §219.117.

## APPENDIX 5 – AFHSC PROCEDURES

### 1. Determining Public Health Practice or Research (APPENDIX 6)

a. Obtaining and analyzing data are essential to the practice of public health. For many public health activities, data are systematically collected and analyzed. Public health practice may involve the collection and analysis of identifiable data and involve persons who do not volunteer to participate.

b. The Request/Report Review (R3) Board meeting serves as the preliminary Scientific Review Board to adjudicate the status (public health practice vs. research) and feasibility of all requests for analysis or serum. R3 also advises the Director regarding data and analysis quality assurance/improvement. The R3 meets every Monday, Wednesday, and Friday.

- 1) The R3 Board is chaired by the Division Chief (Epidemiology and Analysis) or designee. Voting members include the Service liaison staff officers, Epidemiology & Analysis Division senior staff, and AFHSC scientific advisor. For consideration of serum requests, the Chief, DMTS or representative is invited as a voting member of the R3. The approval of a request is determined by a consensus or vote of the R3, though the Chair has final approval and veto authority.
- 2) When a request requires expedited review and decision, the R3 members may be asked to consider the details by email and provide feedback to the Chair, including an “electronic vote” in favor of, or against, the operational request.

### 2. Operational Requests

a. Operational requests for data are submitted via the requester’s Service liaison, Epidemiology and Analysis Division Chief or the Assistant Chief, who use the DMSS Request Form (APPENDIX 7) to document the request.

- 1) Service liaisons are designated for the Air Force, Army, Coast Guard, Marine Corps, and Navy.
- 2) Unless an operational requirement is specified, the requester should be from the same organization or Service as the population about whom the information is requested. Data summaries regarding members of other Services may only be released with the consent of the other Services’ public health leadership.
- 3) Requests from echelons above the Services (e.g the DoD Secretaries, US Congress or other governmental agencies) are normally handled by the Assistant Chief.
- 4) Individuals with Command authority over an outbreak investigation may make a request using a tasking letter or memorandum with their signature and a clear description of the requested data and analysis plan.
- 5) Physicians and other medical personnel involved in patient care may make specific individual requests using an Individual Clinical Data Request Form (APPENDIX 8) submitted by encrypted e-mail or FAX.

b. If the requestor cannot contact a Service liaison or the Assistant Chief directly, requests may be made using the AFHSC front desk at 301-319-3240 and/or e-mail to the dropbox at [AFHSC.WEB@amedd.army.mil](mailto:AFHSC.WEB@amedd.army.mil) where requests will be routed appropriately.

- c. The service liaisons record new requests using the DMSS Request Form (APPENDIX 7) and present the requests at the regularly scheduled R3 Meetings.
- d. Recurring requests may be formalized as routine AFHSC reports.
- e. If a dataset is provided, transfer of datasets will be covered by a Data Use Agreement.
- f. Under certain circumstances patient-level information may be required to deconflict cases, to support specific reporting requirements, or to provide granularity for aggregate reports.
- g. When operational requests involve information from a single authoritative data source and/or lack a health surveillance function, clients will be referred to the primary sources of data archived in DMSS (APPENDIX 9).

### **3. Research support**

a. Research support requests are submitted via the Special Studies Manager. At a minimum, study protocols should provide clear objectives and hypotheses. In addition, protocols will include a title page with the Primary Investigator's (PI) contact information, background/literature review section, military relevance and benefit to the military/MHS population, methods for determining the population, exposures, and outcomes, sample size calculations, methods for statistical analysis, serologic assays to be performed (if applicable), measures to protect privacy, and direction on where to send the final datasets and serum samples. The protocol must clearly:

- 1) Identify the study population of interest;
- 2) Define the specific inclusion and exclusion criteria for case and/or control selection (if applicable);
- 3) Define the matching criteria for cases and controls (if applicable);
- 4) Specify the requirements for serum sample selection (if applicable); and
- 5) Provide sufficient details on all required DMSS variables, their categorization, and handling of time-varying covariates.

b. Protocols must contain a version number and date, which must be updated with each protocol change. After the initial protocol is sent to AFHSC, any additional version of the protocol will utilize the track changes tool so that changes are easily identified.

c. The study protocol must be submitted to the AFHSC prior to submission to the military Institutional Review Board/Human Use Committee (IRB/HUC).

- 1) The AFHSC will only review a protocol twice after the initial submission. If requested changes have not been adequately addressed by the third draft, the protocol will be rejected and deemed unsupportable by AFHSC.
- 2) If the AFHSC agrees to support the protocol, the AFHSC Chief of Epidemiology and Analysis or his/her designee will issue a letter of support. This letter of support must accompany the protocol when it is submitted for IRB/HUC approval.

d. A standard protocol template may be found in the US Army Medical Research and Materiel Command (USAMRMC) Guidelines for Investigators (pg.28)[20]:

[https://mrmc.detrick.army.mil/index.cfm?pageid=research\\_protections.orpToolkit.orptoolkit](https://mrmc.detrick.army.mil/index.cfm?pageid=research_protections.orpToolkit.orptoolkit)

e. All communications about the study, delivery of the dataset, and arrangements for specimen pickup/shipment will be conducted directly through the military PI.

f. Approval of research requests requires protocol review and IRB/HUC approval or exemption.

- 1) All protocols shall be submitted to the AFHSC Epidemiology and Analysis Division, Special Studies Manager for an initial review. Any obvious issues with the protocol will be sent back to the PI for clarification/correction. The Special Studies Manager may request additional review by an AFHSC Scientific Review Board (SRB) when the updated protocol is received.
  - a) The role of an SRB is to evaluate the scientific merit of the studies and determine if the proposal constitutes PHP or research.
  - b) An AFHSC SRB will convene as needed and will be comprised of the Chief, Epidemiology and Analysis (or designee), the Special Studies POC, and other AFHSC subject matter experts (no less than 4 individuals). At least one military or retired military representative from AFHSC must be present at the meeting to assess the military relevance of the protocol.
  - c) Board members will review the study protocols and determine if they will be supported by AFHSC
- 2) After review by the Special Studies Manager and/or the SRB, if all conditions are met and the protocol is supportable, a letter of support will be issued by the Chief, Epidemiology and Analysis (or designee) for inclusion in the IRB/HUC package.
- 3) After receipt of IRB/HUC approval or exemption, the IRB letter will be emailed or faxed to the AFHSC Special Studies Manager. Once received, the AFHSC can begin pulling the requested data and specimens. Only data variables and serum samples clearly related to study objectives will be provided to the PI. Timelines for data and specimen pulls are dependent on the size of the request and competing priorities at the AFHSC.

#### **4. Serum Request Requirements**

a. AFHSC requirements ensure availability of the serum specimens for operational requests and for other researchers. Requests for serum specimens must indicate:

- 1) Specific objectives pertaining to the use of the specimens;
- 2) Serologic assays to be performed;
- 3) Volume of serum required per assay to be performed; and
- 4) Specific requirements of the DoDSR (e.g., number, volume, and delivery of aliquots).

b. Specimens from the DoDSR shall be used only for purposes specifically requested and authorized prior to use. Serum that remains after authorized use shall not be retained by users or used for purposes not specifically authorized. The AFHSC will release no more than 4 specimens per subject (e.g. 3 pre-diagnostic specimens and 1 post-diagnostic specimen). The total volume requested for each serum aliquot cannot be greater than 0.5 mL. Once a serum

specimen is used for a study, that specific specimen cannot be requested by the researcher for future studies.

## 5. Protection of Identifiers and Personal Health Information

a. The AFHSC does not release personal identifying information or protected health information except in the following circumstances:

- 1) An IRB/HUC approved protocol (e.g., for chart reviews, patient interviews). In such cases, informed consent of each study subject is required.
- 2) Requests made by command authorities involved in conducting outbreak investigations, audits, or other operational investigations. (See paragraph 8.b.1.d.)
- 3) At the discretion of the Director, AFHSC or the Division Chief, Epidemiology & Analysis.

b. Most other investigations can be supported if all data and serum are irreversibly de-identified.

- 1) **Data.** AFHSC accomplishes de-identification of data by generating a study identifier in place of the SSN, replacing date of birth with year of birth only, all dates are replaced with the number of days from a pre-defined reference date, zip codes can only be provided to the 3 digit level, and locations may need to be provided only at the region level if extensive, longitudinal location data is required.
- 2) **Serum.** AFHSC accomplishes de-identification of serum by producing randomly generated serum identification (ID) numbers (ten characters beginning with “S” and followed by nine digits) and assigning them to relevant study specimens. Temporary files that link original specimen numbers to serum IDs are used for this purpose. Serum IDs are printed on labels that are affixed to aliquot tubes.

c. Data provided to the military PI will contain serum IDs with requested demographic and other descriptive data (e.g., case/control status). Once the research study has been completed, AFHSC will irreversibly destroy the linking files.

d. Requests for data, including raw datasets, may require a Data Use Agreement with the AFHSC.

## 6. Recording the Requests.

a. Accepted requests are catalogued, recorded and executed using the DMSS Management Tool (DMSS-MT).

- 1) The DMSS-MT communicates the request to the analytical staff and is the authoritative archive of the methods, code, status, and results of the analysis.
- 2) Other communications and documents (e.g. e-mails, tasking memoranda, and templates) are included in the DMSS-MT folders along with the request forms, data/analysis plan, and/or protocol to record the original intent and justification.

b. If the request is denied, a letter from the Director, AFHSC is sent for notification. Denied requests are documented in a separate worksheet including an explanation for the denial and are archived with supportive documentation.

c. Cancelled requests remain archived in the DMSS-MT with pertinent annotations in the project log.

d. Requests for data exchange (e.g. between DMSS and MHS databases) are documented in the Project Manager portion of DMSS-MT.

**7. Product Delivery.** Results of requests are usually sent via e-mail (preferably '.mil' or '.gov', with encryption where appropriate) in the form of read-only spreadsheets or PDF documents. Identifiable, sensitive, or voluminous data may be encrypted on fixed electronic media (e.g. CDs) and sent by FedEx.

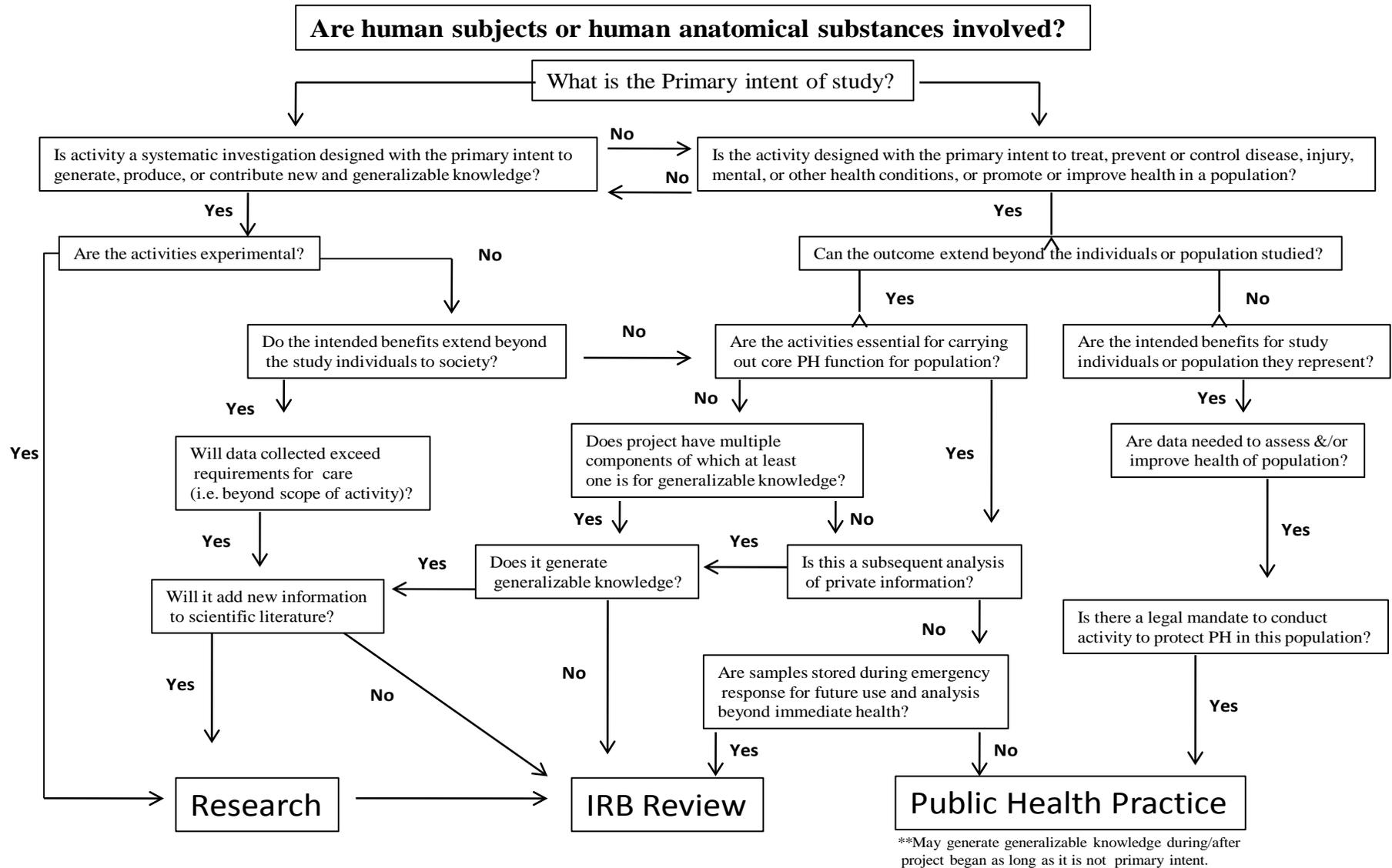
**8. Submission of publications/reports.**

a. Any abstract, manuscript, or presentation resulting from use of the DMSS data and/or DoDSR specimens shall be sent to the Special Studies Manager prior to publication for review of methodological accuracy. Non-compliance with this requirement may result in rejection of future requests.

b. Manuscripts by AFHSC staff will be processed and cleared in accordance with AFHSC IPM 2010-01, AFHSC Clearance; Publication; and Presentation Routing Guidance.[21]

c. When indicated, manuscripts submitted to peer-reviewed journals will include a statement that the study had formal ethical review in accordance with 32 CFR §219.[16] The statement should also indicate whether or not the study was deemed exempt under 32 CFR §219 and/or if the study was classified as non-research.

## APPENDIX 6: Public Health Research vs Practice Algorithm



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## APPENDIX 7: DMSS Request Form

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

TITLE/SUBJECT: \_\_\_\_\_

REQUESTOR: \_\_\_\_\_ ORG: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

POPULATION: Army  Navy  Air Force  Marines  All DoD  Fam Mbrs   
Coast Guard  GS  Retirees  Other: \_\_\_\_\_

COMPONENT: Active  Guard  Reserves

DENOMINATOR: Persons  Person Time  Population Adjusted

POPULATION RESTRICTIONS (deployed/trainee/etc): \_\_\_\_\_

TIME PERIOD: Start \_\_\_\_\_ End \_\_\_\_\_

OUTCOME OF INTEREST (counts/rates?): \_\_\_\_\_

CASE DEFINITION: \_\_\_\_\_

ICD-9/CPT CODES (if applicable): \_\_\_\_\_

DIAGNOSTIC POSITION: DX 1  DX 1-4  DX 1-8  OTHER \_\_\_\_\_

CPT CODES: CPT 1  CPT 1-4  OTHER \_\_\_\_\_

TABLES: INPT  OUTPT  RMES  (RMES CONFIRMATION): Yes  Pending

DEPLOY  PERSON  DEMOG  DHA FORMS: 2795  2796  2900

IMMS  SERUM  MEPS  DHA FORMS: Old  New

DATA FIELDS OF INTEREST: \_\_\_\_\_

INCLUSION/EXCLUSION CRITERIA: \_\_\_\_\_

DELIVERABLE (Spreadsheet, Report, etc.): \_\_\_\_\_

INCIDENCE RULE: \_\_\_\_\_

PRECEDENCE/DE-DUPING RULE: \_\_\_\_\_

PURPOSE FOR REQUEST: Operational Request  Surveillance Activity  Public Health Requirement

Program Improvement  TriService Committee  Senior Leadership  MSMR Article

DESCRIBE WHAT PROMPTED ANALYSES: \_\_\_\_\_

\_\_\_\_\_

## APPENDIX 8: Individual Clinical Data Request Form

### ARMED FORCES HEALTH SURVEILLANCE CENTER Clinical Data Request Form

Fill out all applicable areas of the form, sign, and submit via e-mail (scanned document), fax, or mail to:

**Armed Forces Health Surveillance Center**

Division of Data & Analysis

2900 Linden Lane, Ste 200

Silver Spring MD 20910-7500

[AFHSC.WEB@amedd.army.mil](mailto:AFHSC.WEB@amedd.army.mil) FAX : (DSN) 285-7620 or (301) 319-7260

Please allow 2 business days for a response. For urgent requests, call (DSN) 285-3240 or (301) 319-3240.

#### Section A: REQUESTOR INFORMATION

Name (Last, First MI):	
Rank/Service/Component:	
MTF/Location:	
Email Address:	
Phone (Comm/DSN):	

#### Section B: PATIENT INFORMATION (Fill out one form per patient.)

Name (Last, First MI):	
Rank/Grade:	
Service/Component:	
Date of Birth (DD/MON/YYYY):	
FMP:	SSN:

#### Section C: REQUESTED DATA (Check all that apply.)

Dates of care (DD/MON/YYYY): from \_\_\_\_\_ to \_\_\_\_\_

1. Deployment Health Assessment       2. Ambulatory Care       3. Inpatient Care  
 4. HIV Results       5. Other:

Reason for request:

Comments:

#### Section D: SIGNATURE

1. The requestor is aware of the Privacy Act of 1974 and the Health Insurance Portability and Accountability Act of 1996 pertaining to safeguarding personal or protected health information. The requestor will assure these requirements are followed to protect the confidentiality of the data and prevent unauthorized disclosure, use, or access to it.
2. The requestor will not disclose, release, or otherwise disseminate the data and certifies that it is necessary to provide medical care to the patient.

\_\_\_\_\_  
Signature of Data Requestor

\_\_\_\_\_  
Date

## **APPENDIX 9: Authoritative data sources for DMSS**

Armed Forces Institute of Pathology  
Defense Enrollment Eligibility Reporting System  
Defense Manpower Data Center  
Executive Information Decision Support  
Health Risk Appraisals  
Military Entrance Processing Stations  
Military Treatment Facility  
United States Army Public Health Command  
Washington Headquarters Services

## **APPENDIX 10: Guidelines for Collecting, Maintaining, Requesting, and Using Specimens Stored in the Department of Defense Serum Repository**

### **1. BACKGROUND**

#### ***a. Laws, regulations, and guidelines:***

- 1) Reference [2] directs the collection of sera from redeploying servicemembers for submission to a tri-service repository.
- 2) Reference [3] directs the establishment of a Department of Defense Serum Repository for medical surveillance, clinical diagnosis, and epidemiologic studies.
- 3) Reference [4] directs the Army Medical Surveillance Activity, US Army Center for Health Promotion and Preventive Medicine, (now AFHSC) to provide the sole link between the DoD Serum Repository and other databases.
- 4) Reference [9] permits disclosures of health information by public health authorities authorized to collect such information for purposes of preventing and controlling disease through public health surveillance, investigations, and interventions.
- 5) References [16] and [17] describe exemptions from federal policies regarding research involving human subjects, including studies of existing data or diagnostic specimens related to individuals who are not identified.
- 6) Reference [17] states that research uses of existing unidentified or unlinked samples or data are generally exempt from requirements for prospective reviews by Institutional Review Boards.
- 7) References [18] and [19] direct the Secretary of Defense to establish a system (including blood samples maintained in a central location) to assess the medical conditions of servicemembers who deploy outside the United States.
- 8) Reference [23] states that the primary intent of non-research in public health is to prevent or control a health problem in a population from which information is gathered; whereas the primary intent of research is to generate or contribute to generalizable knowledge.
- 9) References [5, 30] specify that sera collected for routine periodic or pre-deployment HIV-1 antibody testing fulfill the requirements for pre- and post-deployment serum samples.

***b. Current status:*** In accordance with relevant laws, regulations, and guidelines, the Department of Defense maintains a repository of serum specimens collected prior to and during the military service of active and reserve component servicemembers. The primary purpose of the repository is to support force health protection, disease prevention, and public health programs of the Services, particularly related to operational deployments. However, the repository may also be used to support patient care, medical research, quality control programs within and outside the Department of Defense and other investigations when directed by the appropriate authority.

### **2. PURPOSE**

This document establishes guidelines for collecting, maintaining, requesting, and using specimens stored in the Department of Defense Serum Repository (DoDSR).

### 3. RESPONSIBILITIES

a. The Armed Forces Health Surveillance Center (AFHSC) is responsible for all aspects of operating the DoDSR including developing and disseminating guidelines for processing, labeling, preparing, and shipping specimens to/from the DoDSR.

b. The Chief, Data Management and Technical Support (DMTS), provides oversight of the DoDSR functions and operations.

### 4. PROCEDURES

**a. *Initial specimens:*** The first archived serum specimen of each servicemember will be collected during his/her pre-induction medical examination or as soon as possible after he/she begins military service.

**b. *Follow-up specimens:*** In general, follow-up specimens will consist of serum that remains after routine, periodic HIV-1 antibody testing and serum that is collected before and after designated operational deployments.

**c. *Specimen and donor identification:***

1) Specimens in the repository will be labeled with unique specimen identification numbers.

2) Linkages between specimen identification numbers and identities of specimen donors will be maintained exclusively in the Defense Medical Surveillance System.

**d. *Processing, labeling, and shipping:*** The Services will ensure that all specimens for archiving in the DoDSR are processed, labeled, and shipped to the repository in accordance with current guidelines.

**e. *Shipping manifests:*** On each day that serum specimens are shipped to the repository, the responsible Service or its contracted representative will provide the DoDSR with a manifest that documents:

1) Date of shipment;

2) Source of shipment (e.g., Service, name and location of laboratory);

3) Point of contact (i.e., name, telephone number, email address);

4) Shipping information (e.g., Federal Express tracking number);

5) Number of boxes included in the shipment;

6) Number of specimens included in the shipment;

**f. Specimen Data:** For each specimen sent to the repository, the responsible Service or its contracted representative will provide the DoDSR with an electronic file that includes, at a minimum, the following specimen information:

- 1) Specimen identification number;
- 2) Social security number of donor;
- 3) Date specimen was drawn;
- 4) Location of specimen: box number, row and column.

**g. Specimen handling:**

1) Other than during the preparation of serum/aliquots for shipment or use, the Services, the DoDSR, and their contracted representatives will ensure that specimens remain continuously frozen at approximately  $-30^{\circ}\text{C}$ .

2) All unplanned episodes of thawing/refreezing of specimens will be reported to and documented by the DoDSR (by date and specimen identification number).

**h. Authority to release specimens:**

1) The Chief, DTMS, is solely responsible for authorizing releases of specimens from the repository.

2) The Chief, DTMS, may delegate authority to release specimens from the repository during his/her absence or unavailability. Delegation of authority to release specimens must specify individual(s), period(s) of time, and natures of contingency(ies) during which delegations of authority are in effect.

3) The Chief, DTMS, will adhere to all relevant laws, regulations, directives, and guidelines prior to authorizing releases of archived specimens.

4) As a general rule, the last 0.5 milliliter of a specimen will not be released from the repository unless the purpose of testing potentially has a direct benefit to the donor or if the donor is known to have other sera archived in the DoDSR.

**i. Physical security:**

1) Only individuals specifically authorized by the Chief, DTMS, are permitted access to the repository.

2) The DoDSR will comply with all applicable federal, state, local, Department of Defense, and Department of the Army laws and regulations regarding physical security.

**j. Visits:**

1) Visits to the repository must be authorized in advance by the Chief, DTMS.

2) Requests to visit the repository must include:

- a) Date and time of the requested visit;
  - b) Names, ranks/grades, and job titles of all visitors;
  - c) Specific reasons for/objectives of the requested visit;
  - d) Point of contact (i.e., name, voice telephone, e-mail).
- 3) Visitors must be escorted throughout their visits.

## 5. REQUESTS FOR SPECIMENS

### ***a. Requests for and limitations on uses of specimens, general:***

1) Requests for uses of specimens must indicate the following:

- a) Specific objectives;
- b) Serologic assays to be performed per objective;
- c) Volume of serum required per assay to be performed;
- d) Specific requirements of the DoDSR (e.g., number, volume, labeling, delivery of aliquots) and AFHSC (e.g., identification of subjects/serum specimens with various characteristics).

2) Specimens from the DoDSR may be used only for purposes specifically requested and authorized prior to use.

### ***b. Unused serum:***

1) Serum that remains after authorized uses may not be retained by users or used for purposes not specifically authorized.

2) All remaining serum must be destroyed by the recipient at the completion of the study or investigation unless other disposition is specified by the Request/Report Review Board (R3).

### ***c. Reimbursement, general:***

1) Users of specimens will reimburse the repository for costs associated with identifying appropriate specimens for intended uses; locating, retrieving, apportioning, and delivering required specimens (with appropriate documentation).

2) The Chief, DMTS will determine costs associated with each use. The amount will reflect the number of specimens required, the costs of operating the repository, and the resources required to identify, retrieve, aliquot and ship the required specimens.

3) In general, specimens will not be released until full reimbursement has been received.

**d. Responses to requests:** The timing and nature (e.g., estimated costs) of responses to requests to use serum will depend on multiple factors, including the following:

- 1) *Nature of intended use:* Requests specifically related to the evaluation, treatment, and/or protection of the health of current, former, or future U.S. servicemembers will have priority over other requests.
- 2) *DoD versus non-DoD requestor:* Requests by individuals assigned to the Department of Defense will have priority over requests from non-DoD requestors.
- 3) *Magnitude of intended use:* In general, requests for small numbers of specimens will be less costly and time consuming than requests for large numbers of specimens.
- 4) *Method of selecting samples:* In general, requests that require complex sampling schemes (e.g., case-referent seroepidemiologic studies with multiple matching criteria) will be more costly and time consuming than simpler requests.

**e. Non-research versus research use:**

- 1) Non-research: If the primary intention is to develop knowledge specific to the donors of specimens (e.g., evaluation/treatment of an illness or injury) or to populations/settings that donors specifically represent (e.g., outbreak investigation; detection or characterization of a current, emerging, or alleged health threat; assessment of the need for, the nature of, or the effect of a specific public health intervention in a specific population/setting), then the use is considered “non-research.”
- 2) Research: If the primary intention is to create, extend, or validate generalizable knowledge—that is, knowledge that applies to individuals, populations, or settings external to and not directly associated with the donors of specimens from which the knowledge is generated—then the use is considered “research.”
- 3) If the requestor has questions regarding the research versus non-research nature of a requested use, the request should be referred to the AFHSC R3.
- 4) The AFHSC R3 may defer responding to a request or release of serum specimens pending review by the requestor’s Institutional Review Board.

**f. De-identified versus identified/identifiable specimens:**

- 1) If specimens are provided to users without information that identifies the donors *and* if all linkages between the specimens and donors are irreversibly destroyed, then the specimens are considered “de-identified”; otherwise, the specimens are considered “identified/identifiable.”
- 2) In general, requests for “de-identified” specimens can be responded to more quickly than requests for “identified/identifiable” specimens.

## **6. SPECIFIC REQUIREMENTS, BY CATEGORIES OF INTENDED USE**

**a. Research:**

1) General: The DoDSR will not release serum specimens for research use without a final protocol that includes all of the following:

a) Details regarding the number, volume, and nature (e.g., labeling) of specimens required noting the following constraints;

(1) A maximum of 4 specimens per individual can be requested with no more than three pre-diagnostic specimens.

(2) The volume requested can be no more than 0.5cc per specimen.

(3) The same specimen can only be requested once ever from the same investigator.

b) Method(s) of selecting study subjects and serum specimens;

c) Laboratory tests/assays to be conducted on each specimen/aliquot;

d) Signatures of all investigators, co-investigators, and collaborators;

e) Written concurrences of all supporting individuals/organizations;

f) Written approvals of all sponsoring/affiliated organizations;

g) Written approvals of all cognizant institutional review boards/human use review committees.

h) Reimbursement.

2) Modifications/amendments to previously approved research protocols: The DoDSR will not release specimens in support of modified/amended protocols without all of the following:

a) A final copy of the modified/amended protocol;

b) All previously listed requirements (section 6.a.1)

3) Identities of serum donors/study subjects:

a) Linked/linkable identities of specimen donors: In general, studies that include or maintain links between serum specimens and the identities of their donors require the explicit informed consent of each donor.

b) Unlinkable identities of specimen donors: If links between serum specimens and the identities of their donors are irreversibly destroyed prior to the delivery of specimens to investigators (and if such links can never be reestablished), then the informed consent of each donor is generally not required.

#### 4) Relationship of investigators to the Department of Defense

a) Investigator(s) outside the Department of Defense: Serum specimens may be released to Investigators outside the Department of Defense for purposes of medical research under the following conditions:

(1) Compliance with all applicable requirements in section (5.a.1-2) of this document.

(2) The study has a principal-investigator who is assigned to the Department of Defense and is knowledgeable, responsible, and accountable for all aspects of the study's design and execution (including data management, analysis, interpretation, and reporting of results).

(3) The protocol includes written approvals of the cognizant Human Use Review Committees/Institutional Review Boards of the non-Department of Defense primary investigator and the Department of Defense principal-investigator.

#### **b. Patient care:**

##### 1) Within the Military Health System:

a) Stored sera may be used by attending physicians in the Military Health System for the specific purposes of evaluating, treating, and/or following the clinical courses of individual patients (including assessment of immunologic susceptibility to vaccine preventable diseases/need for specific immunizations).

b) Sera used for patient care may be delivered to an attending physician without the explicit consent of the subject patients (in such cases, consent to use stored serum for one's own care is assumed).

c) Requests for uses of stored sera for patient care should be submitted by the attending physician to the Chief, DTMS.

##### 2) Outside the Military Health System:

a) Stored sera may be used by attending physicians outside the Military Health System for the specific purposes of evaluating, treating, and/or following the clinical courses of individual patients (including the assessment of immunologic susceptibility to vaccine preventable diseases/need for specific immunizations).

b) In such cases, stored sera may be delivered to an attending physician only with the explicit signed informed consent of the subject patient (or an authorized representative of the patient if he/she is unable to provide consent).

c) Requests for stored sera for patient care outside the Military Health System should be submitted through a physician in the Military Health System in the same specialty as the requestor to the Chief, DTMS.

d) A physician in the Military Health System in the same specialty as the requestor must validate the clinical relevance of the requested use prior to the release of any serum from the DoDSR.

**c. Public health/force health protection: community and military preventive care**

1) Specimens linked/linkable to the identities of donors: Linked specimens may be used without the explicit informed consent of the donors under the following conditions:

a) The use is non-research (by definition above).

b) The primary purpose is to characterize the nature, magnitude, and/or distribution of a specific and ongoing medical threat to individual US servicemembers, a defined military population, or a Military Health System beneficiary population (e.g., investigation of an outbreak); and/or to determine an intervention against a specific and ongoing medical threat to specific individuals or populations (e.g., public health response to an outbreak).

c) Prior to the release of linked/linkable specimens for public/force health protection purposes, there must be a plan for managing, reporting, and acting on all results (e.g., laboratory tests/assays) that are potentially relevant to the health care (e.g., indicative of a treatable illness) and/or the general welfare (e.g., evidence of a transmissible agent, genetic counseling) of the individual specimen donors;

d) Prior to the release of linked/linkable specimens for public/force health protection purposes, there must be approvals of all medical authority(ies) responsible for the health care of all individual donors.

2) Specimens not linked/unlinkable to the identities of donors: De-identified specimens may be used for purposes of assessing and tracking the concentrations, distributions, and determinants of medically relevant conditions (e.g., susceptibility to vaccine preventable diseases) in defined military/other MHS beneficiary populations. Such uses are authorized when, for example, the primary *a priori* purpose is to develop or measure the effects of population based, military public health policies or interventions (e.g., deployment-specific immunizations, booster intervals for military vaccines, geographic -specific threat assessments).

**d. Criminal investigations and prosecutions.** Serum specimens linked to the identities of their donors shall be provided for use as evidence in criminal investigations and prosecutions when compelled by applicable law in cases in which all of the following conditions are present:

1) The responsible DoD official has received a proper judge issued court order;

2) The serum sample is needed for the investigation or prosecution of a crime punishable by one year or more of confinement;

3) No reasonable alternative means for obtaining a serum sample is available;

4) The use is approved by the Assistant Secretary of Defense (Health Affairs) after consultation with the General Counsel of the Department of Defense.



## **APPENDIX 11 – CATEGORIES OF RESEARCH CONSIDERED EXEMPT FROM HUMAN SUBJECTS’ PROTECTION REGULATORY REQUIREMENTS**

1. EXEMPTION #1: [ 32 CFR §219.101(b)(1)] Research conducted in established or commonly accepted educational settings, involving normal educational practices, such as—
  - a. Research on regular and special education instructional strategies; or
  - b. Research on the effectiveness of, or the comparison among, instructional techniques, curricula, or classroom management methods.
2. EXEMPTION #2: [32 CFR §219.101(b)(2)] Research involving the use of educational tests (such as, cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless—
  - a. Information obtained is recorded in such a manner that human subjects can be identified, directly or indirectly through identifiers linked to the subjects; and
  - b. Any disclosure of the human subjects’ responses outside the research could reasonable place the subjects at risk of criminal or civil liability or be damaging to the subjects’ financial standing, employability, or reputation.
3. EXEMPTION #3: [32 CFR §219.101(b)(3)] Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior that is not exempt (para. 2 above), if—
  - a. The human subjects are elected or appointed public officials or candidates for public office; or
  - b. Federal statute(s) require(s), without exception, that the confidentiality of the personally identifiable information will be maintained throughout the research and thereafter.
4. EXEMPTION #4: [32 CFR §219.101(b)(4)] Research involving the collection or study of existing data, documents, records, and pathological or diagnostic specimens if these sources are publicly available, or if the information is recorded in such a way that individuals cannot be identified directly or through identifiers linked to the individual.
5. EXEMPTION #5: [32 CFR §219.101(b)(5)] Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine—
  - a. Public benefit or services programs.
  - b. Procedures for obtaining benefits or services under those programs.
  - c. Possible changes in or alternatives to those programs or procedures.
  - d. Possible changes in methods or levels of payment for benefits or services under those programs.
6. EXEMPTION #6: [ 32 CFR §219.101(b)(6)] Taste and food quality evaluation and consumer acceptance studies—
  - a. If wholesome foods without additives are consumed.
  - b. If a food is consumed that contains a food ingredient at or below the level and for use found to be safe or agricultural chemical or environmental contaminant at or below the level found

to be safe by the U.S. Food and Drug Administration (FDA) or approved by the Environmental Protection Agency or the Food Safety and Inspection Service of the U.S. Department of Agriculture.

**APPENDIX 12 -- CATEGORIES OF RESEARCH THAT MAY BE REVIEWED BY THE IRB THROUGH AN EXPEDITED REVIEW PROCEDURE (63 FR 60364-60367, November 9, 1998)**

**1. APPLICABILITY.**

- a. Research activities that: (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR §46.110 and 21 CFR §56.110. The activities listed should not be deemed to be of minimal risk simply because they are included on this list. Inclusion on this list merely means that the activity is eligible for review through the expedited review procedure when the specific circumstances of the proposed research involve no more than minimal risk to human subjects.
- b. The categories in this list apply regardless of the age of subjects, except as noted.
- c. The expedited review procedure may not be used where identification of the subjects and/or their responses would reasonably place them at risk of criminal or civil liability or be damaging to the subjects' 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 minimal.
- d. The expedited review procedure may not be used for classified research involving human subjects.
- e. The IRBs are reminded that the standard requirements for informed consent (or its waiver, alteration, or exception) apply regardless of the type of review—expedited or convened—utilized by the IRB.
- f. Categories one (1) through seven (7) pertain to both initial and continuing IRB review.

**2. RESEARCH CATEGORIES.**

- a. **Category 1.** Clinical studies of drugs and medical devices only when condition (1) or (2) is met.

(1) Research on drugs for which an investigational new drug application (21 CFR §312) is not required. (*Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review.*)

(2) Research on medical devices for which: (1) an investigational device exemption application (21 CFR §812) is not required, or (2) the medical device is cleared/approved for marketing, and the medical device is being used according to its cleared/approved labeling.

- b. **Category 2.** Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows:

(1) From healthy, nonpregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 milliliters (mL) in an 8-week period and collection may not occur more frequently than 2 times per week.

(2) From other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 milliliters per kilogram (mL/kg) or 3 mL/kg in an 8-week period and collection may not occur more frequently than 2 times per week.

c. **Category 3.** Prospective collection of biological specimens for research purposes by noninvasive means.

*Examples: (a) hair and nail clippings in a nondisfiguring 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) uncannulated saliva collected either in an unstimulated fashion or stimulated by chewing gumbase 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 according to 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.*

d. **Category 4.** Collection of data through noninvasive procedures (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. (*Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications.*)

*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 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.*

e. **Category 5.** Research involving materials (e.g., data, documents, records, or specimens) that have been collected or will be collected solely for non-research purposes (*i.e. medical treatment or diagnosis*).

*NOTE: Some research in this category may be exempt from the DHHS regulations for the protection of human subjects (45 CFR § 46.101(b)(4)). This listing refers only to research that is not exempt.*

f. **Category 6.** Collection of data from voice, video, digital, or image recordings made for research purposes.

g. **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.

*NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR § 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt.*

h. **Category 8.** Continuing review of research previously approved by the convened IRB as follows:

(1) Where: (a) the research is permanently closed to the enrollment of new subjects; (b) all subjects have completed all research-related interventions; and (c) the research remains active only for long-term, follow-up of subjects.

(2) Where no subjects have been enrolled, and no additional risks have been identified.

(3) Where the remaining research activities are limited to data analysis.

i. **Category 9.** Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (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.

## **ABBREVIATIONS**

AFHSC	Armed Forces Health Surveillance Center
CITI	Collaborative Institutional Training Initiative
DMSS	Defense Medical Surveillance System
DMSS-MT	Defense Medical Surveillance System – Management Tool
DoD	Department of Defense
DoDSR	Department of Defense Serum Repository
DTMS	Data Management and Technical Support
HIPAA	Health Insurance Portability and Accountability Act
HUC	Human Use Committee
ID	Identification
IRB	Institutional Review Board
MSMR	Medical Surveillance Monthly Report
OSD	Office of the Secretary of Defense
PHI	Protected Health Information
PHP	Public Health Practice
PI	Principal Investigator
PII	Personally Identifiable Information
R3	Request/Report Review
SRB	Scientific Review Board