

**PURPOSE and APPLICABILITY**

This document provides information about local context considerations relevant to human subjects research conducted by University of Washington employees or agents. For questions about this information, contact the UW Human Subjects Division at [hsdrely@uw.edu](mailto:hsdrely@uw.edu).

Section 1: Institution and HRPP Information	
Institution Name	University of Washington (UW)
Overview	UW is a large, public flagship research university comprised of: <ul style="list-style-type: none"> <li>• 3 campuses in Seattle, Tacoma and Bothell WA</li> <li>• UW Medicine (not including affiliated covered entities that are healthcare components considered to be non-UW legal entities)</li> </ul>
Federalwide Assurance (FWA)	FWA00006878
FWA Expiration Date	1/13/2027
Institution Name on FWA	U of Washington
Institutional Components on FWA	UW Medicine (does not include affiliated health care entities unless specifically identified here) <ul style="list-style-type: none"> <li>• UW Medical Center (2 campuses: Montlake and Northwest)</li> <li>• Harborview Medical Center</li> <li>• Airlift Northwest</li> <li>• UW Physicians (UW Neighborhood Clinics)</li> </ul> UW Bothell Branch UW Tacoma Branch
Applicability of federal regulations to non-federally supported research	UW has <u>not</u> elected on its FWA to apply federal regulations to non-federally funded research. In general, UW follows federal regulations in the review of non-federally funded research; however it encourages flexibility in certain situations under its <a href="#">Flexibility Policy</a> .
AAHRPP Accreditation	No
CTSA	<a href="#">Institute of Translational Health Sciences</a>
Quality Assurance Attestation	UW’s HSD is routinely inspected by OHRP, FDA, UW internal audit, and others. HSD’s most recent federal inspections conducted by FDA in 2017 and 2023 resulted in no findings.
HRPP/IRB Contact Information	<p><b>Institutional Official</b> Joe Giffels Sr. Associate Vice Provost for Research Administration and Integrity Box 351202, Gerberding Hall G80 Seattle, WA 98195 Phone: 206-616-0804 <a href="mailto:jgiffels@uw.edu">jgiffels@uw.edu</a></p> <p><b>IRB Office</b> Human Subjects Division (HSD) Box 359470, University of Washington Seattle, WA 98195-9470</p>

	<p><b>IRB Contact for All Externally Reviewed Studies</b>  Phone: 206-543-0098; ask for Reliance Team  <a href="mailto:hsdrely@uw.edu">hsdrely@uw.edu</a></p> <p><b>Primary HRPP/IRB Contact (Human Protections Administrator)</b>  Jason Malone, MPA, CIP, Director  Phone: 206-543-7246  <a href="mailto:jmmalone@uw.edu">jmmalone@uw.edu</a></p> <p><b>IRB Contact for Subject Inquiries</b>  Phone: 206-543-0098  <a href="mailto:hsdinfo@uw.edu">hsdinfo@uw.edu</a></p>
Affiliations and FWA status	<p>Research conducted at UW frequently involves collaboration with regional partners. These regional partners are <b>not</b> listed under UW’s FWA. UW maintains reliance agreements with some of these partners (indicated with *), however those agreements do not allow for “daisy-chaining” of reliance agreements. Separate authorization must be obtained from these institutions for the conduct of IRB review on their behalf:</p> <ul style="list-style-type: none"> <li>• Seattle Children’s*</li> <li>• Fred Hutch*</li> <li>• Kaiser Permanente of Washington*</li> <li>• Agencies of the State of Washington*</li> <li>• Benaroya Research Institute at Virginia Mason*</li> <li>• Washington State University</li> <li>• Valley Medical Center</li> <li>• VA Puget Sound Healthcare System</li> <li>• Bloodworks Northwest*</li> <li>• Washington Center for Bleeding Disorders*</li> <li>• The Pacific Northwest National Laboratory (PNNL)</li> <li>• Northwest Kidney Centers</li> <li>• Public Health – Seattle and King County*</li> </ul>
Community attitudes towards research	<p>The overall attitude towards research in the Seattle-Tacoma-Everett-Bellevue Metro area is favorable. Seattle is home to a large number of research institutions including the Allen Institute for Brain Science and PATH. Scientific and medical research is portrayed frequently in a positive light in local news. UW researchers have successfully conducted many studies involving Exception from Informed Consent with input and support from the community.</p>
Post Approval Monitoring Program	<p>UW Human Subjects Division operates the Post Approval Verification and Education program (PAVE). PAVE auditors <i>may</i> be available to audit studies reviewed by external IRBs upon request. <a href="#">PAVE FAQs</a>.</p>
Researcher Training Requirements	<p><a href="#">UW does not currently have an institutional requirement</a> that researchers complete either Human Subjects Protections (HSP) Training or Good Clinical Practice (GCP) training. UW researchers are instructed to follow the training requirements of any funding agencies, collaborating institutions or reviewing IRBs.</p> <p><b>UW researchers maintain their own training records and can provide these to the reviewing IRB upon request.</b></p>

Researcher Qualifications	For all studies not reviewed by a commercial IRB, HSD confirms that the UW PI and UW study team members are qualified according to its standard operating procedures as part of assessing the study for reliance. <b>The reviewing IRB may either rely upon this assessment or may conduct its own assessment according to its policies.</b>
Public Health Service (PHS) Financial Disclosure Compliance	<a href="#">UW is in compliance with PHS Significant Financial Interest disclosure requirements.</a> <b>UW researchers maintain documentation of their own financial conflict of interest management plans and must provide these to the reviewing IRB.</b>
Indemnification of University Personnel	<a href="#">Standing Order Regarding Indemnification of University Personnel</a>
Risk Management Policy	UW is self-insured by a revolving fund authorized and created under WA State law ( <a href="#">RCW 28B.20.253</a> ). <a href="#">Risk Management Policy (including insurance) information</a>

Section 2: State and Local Laws and Policies pertaining to Human Subjects Research	
Retention of State Records	Under WA State law ( <a href="#">RCW 40.14.050</a> ), research records held by the UW are considered public records and must be retained and available for inspection for specified time periods. <a href="#">University</a> and <a href="#">UW Medicine</a> retention periods vary depending on the type of research and document.  <b>The reviewing IRB cannot require that UW records (including identifiers) be destroyed prior to the end of the applicable records retention periods. The UW study team is responsible for identifying applicable retention periods.</b>  UW held research records may also be subject to public records requests. Any requests must be immediately forwarded to the <a href="#">UW Office of Public Records</a> .
Legally Authorized Representatives (LARs)	There are no WA state laws that directly address the use of LARs in research. However, WA State law ( <a href="#">RCW 7.70.065</a> ) defines who may provide consent for patients in life-threatening or end-of-life situations. Per legal advice, the UW uses this list to identify LARs in the research context.  <b>Order of priority for LARs:</b> <ul style="list-style-type: none"> <li>(i) The appointed guardian of the patient, if any;</li> <li>(ii) The individual, if any, to whom the patient has given a durable power of attorney that encompasses the authority to make health care decisions;</li> <li>(iii) The patient's spouse or state registered domestic partner;</li> <li>(iv) Children of the patient who are at least eighteen years of age;</li> <li>(v) Parents of the patient;</li> <li>(vi) Adult siblings of the patient;</li> <li>(vii) Adult grandchildren of the patient who are familiar with the patient;</li> <li>(viii) Adult nieces and nephews of the patient who are familiar with the patient;</li> <li>(ix) Adult aunts and uncles of the patient who are familiar with the patient; and</li> <li>(x) An adult who has exhibited special care and concern for the patient and meets other requirements listed under the law.</li> </ul>
Age of Majority	There are no WA State laws that directly address the age of majority for consent to participate in research. However, there are several laws that define the age of majority under specific circumstances or for providing consent for specific types of healthcare. Per legal advice, the UW applies these laws to research involving the specific type of healthcare when defining the age of majority for providing consent.

	<p><b>The age of majority in WA is 18</b> (<a href="#">RCW 26.28.010</a>) unless the person is:</p> <ul style="list-style-type: none"> <li>• An emancipated minor as declared by a court or under a petition for relief from domestic violence (<b>age 16</b>) (<a href="#">RCW 13.64</a>) (<a href="#">RCW 26.50.020</a>)</li> <li>• A minor married to a person who has reached majority (<b>any age</b>) (<a href="#">RCW 26.28.020</a>)</li> <li>• Receiving inpatient treatment for substance abuse or chemical dependency (<b>any age</b> if the child meets the definition of a “Child in need of services” at <a href="#">RCW 13.32A.030(5)</a>) (<a href="#">RCW 70.96A.235</a>)</li> <li>• Receiving outpatient treatment for substance abuse or chemical dependency (<b>age 13</b>) (<a href="#">RCW 70.96A.095</a>)</li> <li>• Receiving outpatient treatment for mental health services (<b>age 13</b>) (<a href="#">RCW 71.34.530</a>)</li> <li>• Receiving inpatient treatment for mental health without parental consent (<b>age 13</b>) (<a href="#">RCW 71.34.500</a>)</li> <li>• Receiving treatment for sexually transmitted disease (<b>age 14</b>) (<a href="#">RCW 70.24.110</a>)</li> <li>• Choosing or refusing birth control or abortion services (<b>any age</b>) (<a href="#">RCW 9.02.100</a>)</li> <li>• Receiving prenatal care services (<b>any age</b>) (<a href="#">State V. Koome, 84 Wn 2d 901 (1975)</a>)</li> </ul>
<p>Use of health care information in WA state for research <b>with</b> written consent</p>	<p>Under WA state law (<a href="#">RCW 70.02</a>), the patient or their LAR must explicitly authorize the use of 4 different types of records. These are specifically and separately identified in the <a href="#">UW HIPAA Authorization Template for Research</a> and are:</p> <ul style="list-style-type: none"> <li>• Sexually transmitted disease</li> <li>• AIDS or HIV</li> <li>• Behavioral or mental health/illness, including psychotherapy notes</li> <li>• Drug or alcohol abuse, diagnosis, or treatment</li> </ul>
<p>Notifiable Conditions</p>	<p>The Washington State Department of Health maintains a <a href="#">list of notifiable conditions</a></p> <p>WA state law and administrative code describes</p> <ul style="list-style-type: none"> <li>• The permitted and mandatory disclosures (i.e., reporting) for sexually transmitted diseases (<a href="#">RCW 70.02.220</a>)</li> <li>• Rules for notification of partners at risk of human immunodeficiency virus (HIV) infection (<a href="#">WAC 246-100-072</a>).</li> </ul> <p><b>The reviewing IRB should consider whether information about notification should be shared with subjects. It is the responsibility of the UW study team to identify whether information about any conditions identified by the research will be shared with public health authorities.</b></p>
<p>Mandated Reporting of Abuse or Neglect</p>	<p>Under WA state law (<a href="#">RCW 26.44.030</a>) and <a href="#">UW Executive Order 56</a>, all UW employees and volunteers who have a reasonable cause to believe that a child has suffered abuse or neglect must immediately report the suspected abuse.</p> <p>Mandatory reporters of abuse or neglect of vulnerable adults is defined in WA state law (<a href="#">RCW 74.34.020</a>), including when and how such abuse should be reported (<a href="#">RCW 74.34.035</a>).</p> <p><b>The reviewing IRB should consider whether information about the potential for reporting should be shared with subjects and/or their parents or LARs.</b></p>
<p>Recording or transmitting of private communications</p>	<p>WA state law (<a href="#">RCW 9.73.030</a>) requires that some type of consent or notification occur for transmission or recording of private communications. Review <a href="#">HSD guidance</a> on this state law.</p>

	<p><b>The reviewing IRB should not approve the recording of private communications in WA state without the prospective consent or notification of all individuals to be recorded.</b></p>
Use of eCare/MyChart	<p>Under UW Medicine policy, the UW Medicine’s eCare/MyChart system may not be used for research recruitment purposes.</p> <p><b>The reviewing IRB should not approve the use of UW Medicine’s eCare/MyChart system for research recruitment.</b></p>
Use of EPIC Care Everywhere	<p>Under UW Medicine policy, UW Medicine’s EPIC Care Everywhere may not be used for research purposes unless the clinical data is necessary for patient/participant safety activities.</p> <p><b>The reviewing IRB should not approve the use of UW Medicine’s EPIC Care Everywhere unless it determines that it meets the requirement above.</b></p>
Use of Amazon’s Mechanical Turk	<p>Studies using Amazon’s Mechanical Turk (MTurk) must comply with the <a href="#">UW Procurement Services policy</a> that no UW employee, family member, or student directly involved in the research will participate as a subject. The policy requires adding a qualifying question that asks whether the subject is a UW employee or family member, or UW student who is directly involved in the research. If they answer yes, they must be disqualified from MTurk activities.</p> <p><b>The reviewing IRB should allow UW researchers to add this qualifying question.</b></p>
Administering or handling of cannabis	<p>UW has a robust policy about research that involves the growth, production, procurement, administration, or use of marijuana. This policy does not apply to observational research for which the researcher does not grow, produce, procure, or administer marijuana.</p> <p><b>UW’s HSD will communicate any limitations on the research directly to the reviewing IRB.</b></p>
Financial assistance for research-related injury	<p><a href="#">The Human Subjects Assistance Program (HSAP)</a> is a discretionary no-fault program that may provide limited medical and other assistance to subjects who experience a research-related medical problem.</p> <p>Researchers may choose to provide a HSAP <a href="#">information sheet</a> to research participants.</p> <p><b>If the reviewing IRB determines that the study poses greater than minimal risk, the consent form should contain language relevant to HSAP.</b> Required language is in the document <a href="#">UW Guide to Consent Elements for Externally Reviewed Studies</a>. <i>Language suggesting a promise or commitment to pay should be avoided.</i></p>
UW Required Consent Considerations	<p><b>Format:</b> UW has no institutional requirements for the format of consent materials and strongly supports flexibility for consent format and content.</p> <p><b>Elements:</b> UW has a limited list of institutionally-required consent elements. These are described, and required and sample language is included for each, in the document <a href="#">UW Guide to Consent Elements for Externally Reviewed Studies</a>.</p> <p><b>The reviewing IRB should ensure that these elements are present as applicable to the study and may approve alternative language for each element unless otherwise indicated.</b></p> <p><b>Use of short forms:</b> When agents or employees of UW will be obtaining consent using the short form consent method, it is UW policy that an appropriately qualified interpreter will be available to the subject throughout their participation in the research. Additionally, for research that involves more than minimal risk, the short form method may only be used for</p>

studies that provide a direct benefit that is not available outside of the research context. UW researchers may use the short forms of the reviewing IRB's institution, or [those provided by HSD](#).

**The reviewing IRB may apply more conservative requirements for the use of the short form consent method, but it may not waive the UW policy requirement. For studies reviewed by the Fred Hutch IRB, this policy applies only to studies where the PI has a UW primary appointment.**

**Electronic Signatures:** WA State has adopted the Uniform Electronic Transactions Act, effective June 11, 2020. This law describes the conditions which must be met for an electronic signature to be legally effective. Due to the complexities of the legal conditions and the diversity of possible e-signature systems, **HSD must concur with the e-signature system for obtaining consent and/or HIPAA authorization prior to its use.**

**DocuSign and UW ITHS REDCap.** UW eSignatures (UW's DocuSign application) and the UW ITHS installation of REDCap are the only tools that have been pre-confirmed by UW to be compliant with WA State law. Both are available to UW researchers. Equivalent, non-UW REDCap installations or other e-consent systems may also be used if authorized by HSD. Note that only the UW ITHS REDCap tool or HSD-authorized equivalent are considered compliant with the FDA's Part 11 requirements. UW eSignatures is not Part 11 compliant. For the use of UW eSignatures, [the UW researcher must apply to use](#) it through the UW-IT office.

**Non-UW Installations of REDCap.** Researchers may request concurrence from HSD by asking the owner of the REDCap Installation to complete the [SUPPLEMENT Other REDCap Installation](#) and submitting it to HSD.

**Other e-Consent Platforms.** Researchers may request concurrence from HSD by asking the Chief Information Officer, Chief Information Security Officer, or other individual with sufficient authority and subject matter expertise to complete the [TEMPLATE Other eSignature Attestation Letter](#) and submitting it to HSD.

**Specific information about the e-signatures must be provided in writing to participants, preferably in the consent form.** Required language is in the document [UW Guide to Consent Elements for Externally Reviewed Studies](#).

See below for limitations on the use of e-platforms for obtaining documentation of HIPAA authorization.

**Section 3: HIPAA Compliance and other considerations for access to protected health information**

<p>Overview</p>	<p>UW is a hybrid covered entity. This means that some, but not all, components of the UW provide health care and are therefore subject to HIPAA and related WA state laws. The UW covered entity is a complex set of components, described in UW Medicine’s <a href="#">Policy COMP.101</a> and <a href="#">101.G1 UW HIPAA Designation</a>.</p> <p><i>In general</i>, research data is not considered subject to HIPAA once it is removed from the UW Medicine electronic systems. For example:</p> <ul style="list-style-type: none"> <li>• A researcher from the School of Medicine (SoM, which is <u>not</u> part of the UW covered entity) reviews UW Medicine medical records and abstracts identifiable information and stores that information on SoM servers. The initial use of the medical records is subject to HIPAA, but once the information is held by the researcher outside of the medical records, it is no longer subject to HIPAA for any secondary disclosures.</li> <li>• A School of Dentistry researcher conducts a survey of patients in a clinic waiting room. The survey data is not entered into the patients’ clinical dental records and is stored on the researcher’s computer. The survey data is never subject to HIPAA.</li> </ul>
<p>Preparatory to Research Activities Not Allowed for Recruitment Activities</p>	<p>While the preparatory to research provision applies in theory to research conducted at UW, <b>in practice it is almost always impossible for UW research teams to make the attestations required under the Preparatory to Research requirements at 45 CFR 164.512(i)(1)(ii)</b> because:</p> <ul style="list-style-type: none"> <li>• the research study staff who are accessing the PHI are not members of the workforce of the covered entity, but rather of the non-covered components (e.g., an academic unit), and/or</li> <li>• PHI accessed for recruitment purposes will be removed from the covered entity to servers that are owned by the non-covered components (e.g., the academic units)</li> </ul> <p><b>For access to UW Medicine PHI without authorization for recruitment purposes, the reviewing IRB should consider a partial or full waiver of HIPAA Authorization rather than determining that the activities fall under the Preparatory to Research provision.</b></p>
<p>Obtaining HIPAA Authorization for UW Medicine Records</p>	<p>Researchers accessing UW Medicine records with patient permission are advised to use a separate HIPAA Authorization form maintained by HSD and vetted by UW Medicine Compliance. This is because of the Washington State law requiring explicit “opt in” language for release of certain types of health care information as well as other state law requirements.</p> <p><a href="#">UW HIPAA Authorization template</a>  <a href="#">UW HIPAA Authorization template for pregnant partners</a></p> <p>Language in these templates should not be modified except with the permission of <a href="#">UW Medicine Compliance</a>.</p> <p><b>The reviewing IRB should not approve consent materials that contain HIPAA Authorization language for the purposes of accessing UW health care records. The UW’s Standalone HIPAA Authorization Form should be used unless the UW study team has obtained permission from UW Medicine Compliance for an alternative format.</b></p>

	<p><b>Electronic Authorization.</b> The UW ITHS REDCap system (and equivalent, HSD-approved non-UW REDCap installations) or the UW version of DocuSign (for non-FDA-regulated studies) may be used to obtain HIPAA authorization for access to PHI at UW Medicine, Seattle Children’s, and Seattle Cancer Care Alliance. For authorization to obtain/access PHI at any other HIPAA-covered institution, consult that institution’s privacy and/or health records information office. Electronic authorization signatures captured in other systems are <i>not</i> accepted.</p> <p><b>HSD Policy Reference:</b>  <a href="#">GUIDANCE HIPAA</a>  <a href="#">GUIDANCE Consent</a>  <a href="#">INSTRUCTIONS UW E-Signature Tools</a></p>
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Section 4: Possible Ancillary Reviews	
<p><b>UW researchers are responsible for identifying the need for, obtaining and maintaining any required ancillary reviews and approvals, and communicating relevant information to the reviewing IRB. HSD does not maintain this information. Italicized items are the most likely to impact or intersect with IRB review.</b></p>	
Any UW investigator has a conflict as defined in <a href="#">GIM 10</a> .	<a href="#">Financial Conflict of Interest Disclosure</a>
Radiation exposure (procedures or materials)	<a href="#">Human Subjects Radiation Approval Committee (HSRAC)</a>
Recombinant/synthetic DNA/RNA, human gene transfer and other biohazardous agents	<a href="#">Institutional Biosafety Committee (IBC)</a>
Radioactive drugs being used without an IND for basic science research	Radioactive Drug Research Committee (RDRC) Contact James W. Vélez (jvelez@uw.edu)
Human embryonic stem cells (hESC)	<a href="#">Embryonic Stem Cell Research Oversight Committee (ESCRO)</a>
Genomic Data Sharing Certification	<a href="#">UW HSD</a> can perform certification upon request
Research involving in-person or virtual interactions with subjects under 18	<a href="#">Office of the Youth Protection Coordinator Registration</a>
Cancer-related intervention studies	<a href="#">Cancer Consortium Scientific Review Committee</a>
The research involves the use of UW Medicine patient data (whether identified or de-identified) for machine learning outside of UW IT systems.	UW Medicine Security Review for Machine Learning Contact Sally Beahan (sbeahan@uw.edu)
UW Medicine and UW Dentistry residents and fellows are study subjects.	UW HR Labor Relations Contact Jennifer Mallahan (mallaj@uw.edu)
Clinical services, items or tests that are provided as part of a research study by UW Physicians, Seattle Cancer Care Alliance or UW Medicine hospitals or clinics	<a href="#">Clinical Research Budget and Billing (CRBB)</a>
Material Transfer Agreements (MTA) and Data Use Agreements (DUA)	MTAs are issued by <a href="#">two UW offices, CoMotion and the Office of Sponsored Programs (OSP)</a> . DUAs associated with grant activities may be negotiated by the Office of Sponsored Programs or by the investigator’s academic department.



Audio recordings made for research purposes in a UW Medicine clinical setting require prior approval from the relevant CEO or Executive Director

UW Medicine Compliance: [Audio Recordings In The Clinical Setting For Research, Education Or Quality Improvement Purposes](#)

Version Number	Posted Date	Implementation Date	Summary of Changes
1.9	01.04.2024	01.04.2024	Update information about ancillary reviews and HSD’s federal inspection status.
1.8	10.02.2023	10.02.2023	Provide additional guidance on Washington State law regarding consent and audio recording
1.7	08.31.2023	08.31.2023	Remove requirement to provide IRB letter to use DocuSign
1.6	06.29.2023	06.29.2023	Update QA statement to reflect revised UW Compliance Statement
1.5	06.01.2023	06.01.2023	Add requirements for short form consent method
Previous versions			For older versions: HSD staff refer to the SharePoint Document Library; Others – contact <a href="mailto:hsdinfo@uw.edu">hsdinfo@uw.edu</a> .

**Keywords:** External reliance; FWA; Multi-site/collaborative research; Single IRB