

Interview Guide for IRB Board Members and Staff

AAHRPP Site Visit: January 13-15, 2021

ACCREDITATION

AAHRPP (*pronounced A-HARP*), or the Association for the Accreditation of Human Research Protection Programs, will conduct a reaccreditation site visit at the University of Florida January on 13 -15, 2021. AAHRPP is an international, independent nonprofit organization that reviews and accredits an institution's human research protections program (HRPP).



UF has been AAHRPP accredited since March 2018.

AAHRPP has been provided with a written description of the UF's Human Research Protection Program (HRPP) policies, guidances, guidelines and other resources, as well as with a list of all active IRB protocols. During the site visit, representatives from AAHRPP will conduct interviews and review records to ensure that those regulatory documents have been implemented effectively and are being adhered to throughout the university.

As an IRB Board Member or Staff, you are an integral part of the UF HRPP. During the site visit, AAHRPP will select approximately 75 or more individuals to be interviewed. Anyone who has a role in human research may be selected for an interview. A number of IRB board Members and Staff will be interviewed. If selected for an interview by AAHRPP, you will be notified closer to the visit date and provided with additional information.

We anticipate each session will take between 20-45 minutes. Sessions will be in the form of individual or group interviews. We expect questions to be focused on regulatory and ethical issues related to research with human participants, but questions may also relate to your impressions of the UF HRPP and the UF IRBs. We recommend that you respond directly to the question asked. If a question seems unrelated to the type of work you do, please let the interviewer(s) know.

PREPARING FOR THE SITE VISIT

Early preparation is key and this document is intended to help you prepare. You may be familiar with the information included however; this guide is provided so that you can refresh your understanding. Information is also available on the [UF HRPP webpage – AAHRPP Reaccreditation Visit](#). Each section of this document is followed by a list of questions that you may be asked. This document includes sections on the following topics:

Section 1: General Tips

Section 2: UF HRPP Policies, Guidelines and Guidances

Section 3: Ethical Conduct of Research and Federal Regulations

Section 4: IRB Review

Section 5: Minimizing Risks and Protecting Participants' Rights and Welfare

Section 6: Compliance with IRB and Other Review Unit Requirements

Section 7: Obtaining and Documenting Informed Consent

Section 8: Conflict of Interest Disclosure

Section 9: Accountability and Additional Administrative Requirements

Section 10: Education

Section 11: Additional Resources

SECTION 1: GENERAL TIPS

UF HRPP reaccreditation depends largely on these interviews. You will be expected to:

- Understand the UF Human Research Protection Program's structure
- Clearly describe your role in supporting the protection of research participants
- Be familiar with the UF HRPP and IRB Policies, Guidelines and Guidances and where to access them
- Understand the purpose of the AAHRPP accreditation process
- Understand and describe the ethical aspects, the purpose, and the value of your work
- Know where to obtain answers to ethical/regulatory questions
- Know the process for non-compliance reporting at UF
- Know the human research training requirements and resources at UF
- Describe the training you have received as an IRB reviewer
- Understand what constitutes conflict of interest at all levels (i.e., staff, IRB, institution)
- Understand how a conflict of interest is managed at UF
- Know the ethics of recruitment and inclusion/exclusion criteria

Possible General Questions

About the IRB and Your Role

- What does the IRB do? What are your responsibilities as an IRB Member? As an IRB Staff?
- What is the IRB's reputation on campus?
- Is the IRB workload fair?
- Why does UF value AAHRPP Accreditation? What do you think of it?

SECTION 2: UF HRPP AND IRB POLICIES, GUIDELINES AND GUIDANCES

The following sections summarize UF's HRPP policy, guidelines, and guidances with which you should be familiar for your interview. The source of this information can be found on UF's HRPP webpage:

<https://research.ufl.edu/research-operations-services/hrpp.html>

The Vice President for Research, Dr. David Norton, serves as the Institutional Official (IO) for UF and is responsible for the overall conduct of research at the University.

The UF HRPP is supported by:

- UF Research: the Division of Research Operations and Services, the UF Institutional Review Boards (IRB), UF Research Integrity/ Conflict of Interest Program, the Division of Sponsored Programs, the Office of Clinical Research (OCR) and UF Clinical and Translational Science Institute (CTSI).
- Academic units, including schools, colleges, and other units to which faculty, staff, and trainees engaged in human research
- Key executive and administrative offices, including the Office of General Counsel.

The purpose of UF's Human Research Protection Program is to protect the rights and welfare of participants involved in human research that is overseen by this Institution; promote compliance with relevant legal requirements and ethical standards at all levels; and support investigators in their research activities.

Additionally, UF IRBs Policies, Guidelines and Guidances can be found on the IRB webpage:

<http://irb.ufl.edu/index/irb-policies-guidelines-and-guidances.html>

Possible Questions About HRPP Policies and Procedures

- Who is the institutional official responsible for research at UF?
- Who is the institutional official responsible for the UF Human Research Protection Program?
- What are the components of the UF HRPP?
- What is the purpose of the HRPP at UF?

SECTION 3: ETHICAL CONDUCT OF RESEARCH AND FEDERAL REGULATIONS

UF fosters a research environment that promotes respect for the rights and welfare of individuals recruited for, or participating in, research conducted by or under the auspices of UF. All members of the UF community involved in human research are expected to comply with the highest standards of ethical and professional conduct in accordance with applicable federal and state regulations as well as institutional and IRB policies governing human research.

The review and conduct of human research at UF is guided by principles set forth in the Belmont Report and performed in accordance with Department of Health and Human Services (DHHS) regulations (45 CFR 46 or the “Common Rule”), and Food and Drug Administration (FDA) regulations (21 CFR 50, 21 CFR 56), as well as all other applicable federal, state, and local laws and regulations.

The Belmont Report identifies and summarizes three main ethical principles that should govern human research:

- **Respect for persons** (autonomy/voluntary participation/adequate information)
- **Beneficence** (risks of research are reasonable in relation to the benefits the research may provide to subjects or science)
- **Justice** (selection of subjects is equitable and is representative)

The Common Rule (45 CFR 46) is the federal regulatory framework that governs federally funded research with human subjects and codifies the ethical principles of the Belmont Report. Under the Common Rule, research with human subjects is defined as follows:

- **Research:** A systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.
- **Human Subject:** A living individual about whom an investigator (whether professional or student) conducting research obtains: (1) information or biospecimens through interaction or intervention with the individual, and uses, studies or analyzes the information or biospecimens, or (2) obtains, uses, studies, analyzes, or generates identifiable private information or identifiable biospecimens.

21 CFR 50 and 21 CFR 56 serve as the regulatory framework for research regulated by the FDA (i.e., research involving drugs, devices, and biologics). This set of regulations is derived from the Common Rule, but the FDA and HHS regulations have some notable differences in their content. Research that is sponsored by the Department of Defense (DOD), Environmental Protection Agency (EPA), and Department of Education (ED) hold additional regulatory requirements. PLEASE NOTE: UF does not review or approve Human research supported by the Department of Energy (DOE) AND UF IRB reviews Department of Justice (DOJ) research that continues to follow pre 2018 common rule only.

Other federal and state laws and regulations that apply to research include, Family Educational Rights and Privacy Act [FERPA], Health Insurance Portability and Accountability Act [HIPAA], and National Institutes of Health Policy on the Use of a Single Institutional Review Board for Multi-Site Research. (Guidance and clarification of regulations are provided by the Office for Human Research Protection (OHRP).)

Institutional policies and procedures that ensure enhanced protection for participants vulnerable to coercion or undue influence (e.g., children, prisoners, individuals with impaired decision-making capacity, or economically or educationally disadvantaged persons).

Possible Questions About Ethical Conduct of Research and Federal Regulations

- What are the Belmont Principles and when did you first hear of them?
- What is the Common Rule?
- What is the Office of Human Research Protections (OHRP)
- What types of research does the FDA regulate?

SECTION 4: IRB REVIEW

IRBs must obtain sufficient information prior to review of applications for initial or continuing review so that it can apply and satisfy the requirements for approval of research.

The IRB considers the following with respect to each application for initial, continuing, or modification review:

1. Does the activity described in the myIRB protocol application meet the definition of human subject research as defined in the Common Rule?
2. Is the activity human subjects research as defined in FDA regulations?
3. Is UF engaged in the research?
4. Is the research exempt from IRB oversight?

These determinations are made consistent with the guidance provided by the US Department of Health and Human Services Human Subject Regulations Decision Charts and in consultation with IRB administrators or chairs, as appropriate. If the research:

- Involves activities or data subject to other rules or regulations such as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, the Family Educational Rights and Privacy Act (FERPA) or rules of other federal agencies, the review ensures compliance with these other regulations or rules
- Is not regulated, a designated IRB staff member may issue a “non-human research” determination. There is no regulatory requirement for IRB review of research that is not regulated under the Common Rule.

IRB’s ensure research is approved only when all of the requirements in 45 CFR 46.111 or 21 CFR 56.111 (for FDA-regulated research) are met. The criteria for IRB approval includes: (a) scientific merit and feasibility; (b) minimizing risk; (c) risk-benefit analysis; (d) equitable subject selection; (e) informed consent and parental permission; (f) data monitoring; (g) privacy and confidentiality; (h) attention to vulnerable populations; (i) test article accountability procedures; and (j) resources.

Because the UF IRBs reviews FDA-regulated clinical trials, they have additional requirements including: determining whether an IND or IDE is required; for device studies, making significant/non-significant risk determinations; emergency use notification and reporting procedures; procedures for reviewing protocols for anticipated additional use in emergency situations; waiver of informed consent for certain emergency research, if permitted by the IRB; guidelines and procedures for reportable new information; communications, if any, with sponsors and IND and IDE holders; and test article accountability procedures.

Possible Questions About IRB Review

- What is your process for reviewing a study? Do you utilize guidance or written checklists?
- What is the process for scientific review of research at UF?
- Do you consider the scientific validity of studies that you review?
- What are the expedited and exempt review categories? When are they used?
- What is the difference between human research that is exempt from IRB oversight and research determined to be not-human-subjects research?
- What is continuing review?
- Do you know what is not part of an IRB review? Can you give examples?
- Are IRB community members recognized as contributing board members?

SECTION 5: MINIMIZING RISKS AND PROTECTING PARTICIPANTS' RIGHTS AND WELFARE

Minimizing risks to participants and ensuring participants rights and welfare are key components of human research protections. Below are some strategies through which these goals can be accomplished.

- Design and implement protocols that comply with applicable regulatory and institutional policies, as well as the principles of the Belmont Report
- Verify procedures are consistent with sound research design by ensuring that the research is reasonably expected to answer the proposed question and that the resulting knowledge is expected to be sufficiently important to justify the research
- Ensure that recruitment procedures foster the equitable selection of participants
- Utilize procedures already being performed for diagnostic or treatment purposes, when possible
- Ensure that appropriate resources are available to conduct the research (e.g., personnel, facilities, equipment, etc.)
- Keep in mind that “minimal risk” to subjects means that the probability and magnitude of harm or discomfort anticipated in the research are not greater than those ordinarily encountered in daily life or during the performance of routine physical and psychological examinations or tests.
- Establish adequate provisions for monitoring participants to identify adverse events and to review data collected to ensure participant safety, when appropriate
- Develop plans for protecting participant privacy and the confidentiality of data.
 - **Privacy**— Relates to an individual having control over the extent, timing, and circumstances regarding the sharing of information about themselves with others.
 - **Confidentiality**— Relates to the protection of a participant’s data that has been shared with the researcher with the expectation that it will be protected and not disclosed.
- Ensure enhanced protection for participants vulnerable to coercion or undue influence (e.g., children, prisoners, individuals with impaired decision-making capacity, or those economically or educationally disadvantaged)

Possible Questions About Minimizing Risks & Protecting Participants' Rights and Welfare

- What is the difference between privacy and confidentiality?
- What additional mechanisms can be put in place to protect research participants?
- What are the different possible levels of risk associated with a study? How is risk level assigned?
- Can sensitive information affect the risk level?
- What are your primary concerns when reviewing a protocol?

SECTION 6: COMPLIANCE WITH IRB AND OTHER REVIEW UNIT REQUIREMENTS

Research at UF must be conducted in compliance with the IRB, as well as other institutional and regulatory requirements. Below are some requirements that you should be aware of related to this responsibility.

- All research with human participants must obtain IRB review and approval before work can begin
- The requirements of the IRB (i.e., submission of initial review, continuing review, modifications, and reporting of adverse events and unanticipated problems) must be met
- Research must be conducted as specified in the IRB approved protocol
- All proposed changes to the research, no matter how minor, must be approved by the IRB prior to implementation unless necessary to eliminate immediate hazard to participants – in which case a report to the IRB must follow
- PI's are responsible for the content of all submissions to the IRB (e.g., myIRB application, supporting documents, etc.)
- Materials must be submitted to the IRB in a timely fashion (e.g., requests for changes, status reports, etc.)
- Information regarding reportable events is available in *UF IRB Policy on Reportable Events (HRP -112)*, *Investigator Guideline on Event Reporting and, the Investigator Guideline on Unanticipated Event Reporting and Procedures*–, which includes *Unanticipated Problems Involving Risks to Subjects or Others (UPRs)* that must be reported to the IRB as soon as possible but no later than 5 working days of the event occurring or after the investigator becomes aware of the event
 - **UPR** – Any information, including any incident, experience, or outcome that meets ALL of the following conditions:
 - *unexpected* (in terms of nature, severity, or frequency) given (a) the research procedures that are described in the protocol-related documents, such as the IRB-approved research protocol and informed consent document; and (b) the characteristics of the subject population being studied
 - *related or possibly related* to participation in the research (in this guidance document, possibly related means there is a reasonable possibility that the incident, experience, or outcome may have been caused by the procedures involved in the research), and
 - suggests that the *research places subjects or others at a greater risk of harm* (including physical, psychological, economic, or social harm) than was previously known or recognize

- Potential non-compliance with laws, regulations, or IRB requirements by the research team or others must be reported, even if this non-compliance was unintentional or discovered during the course of quality assurance activities. Participants being exposed to unnecessary risk may also be reported as potential non-compliance.

Reports of research misconduct, complaints or concerns can be forwarded to:

- UF Research Integrity
- UF Institutional Review Boards (IRBs)
- The Office for Human Research Protections (OHRP), U.S. Department of Health and Human Services (HHS)

UF IRB office conducts for-cause and not-for cause audits in order to ensure the research complies with the federal and applicable regulations, guidelines and institutional policies that govern research.

Possible Questions About Compliance with IRB and Other Review Unit Requirements

- What is the process for continuing review?
- What is the difference between an adverse event and a UPR?
- What is non-compliance? When is it considered serious and/or continuing non-compliance?
- What is the difference between non-compliance and an adverse event?
- To whom do you go for help on issues, be they regulatory or ethical?

SECTION 7: OBTAINING AND DOCUMENTING INFORMED CONSENT / WAIVER OF DOCUMENT OF INFORMED CONSENT

Documentation of Informed Consent

Informed consent is the voluntary choice of an individual to participate in research based on a complete and accurate understanding of the study. Informed consent is not a single event or document, but rather an ongoing process involving the investigator and/or study team and the research participant. Informed consent requires full disclosure of the nature of the research and the participant's role in that research, understanding of that role by the potential participant, and the participant's voluntary choice to join the study. For more information on obtaining and documenting informed consent, please visit the **IRB Informed Consent Forms**, on IRB website and the **UF Investigator Guideline on Informed Consent and Which Template Should I use**.

- Investigators are responsible for ensuring proper informed consent is obtained and documented before the research begins unless the IRB waives this requirement.
- Informed consent must be conveyed in language that is understandable to participants or their legally authorized representative.
- Consent must be sought under circumstances that minimize potential for coercion or undue influence.
- The participant will be given answers to questions and an adequate amount of time to consider participation in the study relative to the initiation of study procedures.
- It must be made clear to participants that their participation is voluntary and that they may withdraw at any time with no penalty.
- The recruitment and consent process will not promise participants a certainty of cure or benefit beyond what is outlined in the informed consent document/informed consent script.
- The recruitment and consent process will take place in an area in which it is possible to maintain privacy and confidentiality.

- Consent is documented by use of a consent form approved by the IRB unless a waiver of informed consent or a waiver of documentation of informed consent is granted.
- The Common Rule (45 CFR 46.116 (a)) requires that the informed consent includes:
 - A statement that the study involves research;
 - Information on the purpose of the research;
 - The expected duration of subject participation;
 - A description of the procedures (identification of experimental procedures);
 - A description of reasonably foreseeable risks or harms;
 - A description of any benefits to subjects or others;
 - Disclosure of appropriate alternative treatments/procedures, if the research involves clinical treatment;
 - A description of how the confidentiality of records will be maintained
 - A description of procedures related to compensation for injury, if the research is more than minimal risk;
 - Contact information for the PI and IRB
 - A statement that participation is voluntary and that the subject may withdraw at any time with no penalty or loss of benefits.
- One of the following statements about any research that involves the collection of identifiable private information or identifiable biospecimens:
 1. A statement that identifiers might be removed from the identifiable private information or identifiable biospecimens and that, after such removal, the information or biospecimens could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from the subject or the legally authorized representative, if this might be a possibility; or
 2. A statement that the subject's information or biospecimens collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.
- The participant (or their legally authorized representative) should be provided with a copy of the consent document at the time of consent.
- Investigators are responsible for retaining signed consent documents for at least three years after completion of the research (six years if protected health information will be used or disclosed in connection with the study) or longer if required by the institution or research sponsor.

Waiver of Document of Informed Consent

The IRB may waive the requirement for the Investigator to obtain signed (documented) informed consent for some or all participants [45 CFR 46.117(c)] if it finds that:

- The only record linking the participant to the research would be the consent form, and the principal risk to the participant is the potential harm resulting from a breach of confidentiality. In that event, each participant (or legally authorized representative) should be asked if he/she wishes to have documentation linking the participant with the research. The participant's wishes will govern.
- The research presents no more than a minimal risk of harm to participants and involves no procedures for which written consent is normally required outside of the research context (e.g., drawing a blood sample, or asking shoppers in a mall about the ambient lighting or temperature).
- If the participant (or legally authorized representative) is a member of a distinct cultural group in which signing forms is not the norm, that the research presents no more than minimal risk of harm, and there is an appropriate alternative for documenting that informed consent was obtained.

Where documentation of informed consent has been waived, the IRB may require investigators to provide participants with a written statement regarding the research.

In order to grant a waiver of signed (documented) consent, the IRB (Full Committee or Chair/Designee) must document that it believes the request meets the following criteria: 1) The research involves no more than minimal risk to the participants; 2) The waiver will not adversely affect the rights and welfare of the participants; 3) The research could not be practicably carried out without the waiver; 4) If the research involves using identifiable private information or identifiable biospecimens, the research could not practicably be carried out without using such information or biospecimens in an identifiable format; 5) Whenever appropriate, the participants will be provided with additional pertinent information after participation.

Possible Questions About Obtaining and Documenting Informed Consent

- What are the required elements of informed consent?
- Describe your consenting process. Does the participant get a copy? If yes, when do they get it?
- What is the process for obtaining consent? Who does it? Where are participants approached? Do participants have time to think about it before they agree to participate?
- What would you do if you recruited a non-English speaking participant? How would you consent?
- How do you know if the participant understands the consent document?
- Who answers questions about the research?
- What is a waiver of informed consent?

SECTION 8: CONFLICT OF INTEREST DISCLOSURE

A Conflict of Interest (COI) is a situation in which financial or other personal considerations compromise, or have the appearance of compromising, an individual's professional judgment in proposing, conducting, supervising or reporting research. Conflicts of interest include non-financial as well as financial conflicts, because non-financial interests can also come into conflict with a researcher's primary commitment to maintain scientific objectivity.

The following relationships are examples of situations that may raise questions regarding an apparent or actual conflict of interest in research:

- a. An investigator or study staff member has a consulting or other relationship with a company sponsoring a research project, or a company that manufactures or markets a product under evaluation in the research.
- b. An investigator, study staff member, and or the university has intellectual property interests in a product or method under evaluation in the research.
- c. An investigator or study staff member is a founder and has equity interests in a start-up company that owns intellectual property under evaluation in the research.

Potential COIs are identified through annual and continual disclosure requirements for investigators in UF's UFOLIO system. Disclosures of investigators are reviewed by the UF Research Integrity Conflict of Interest (COI-R) Administrator in the context of each research project in which an investigator is engaged to determine whether or not a COI exists, and if so, how it will be reduced, managed, or eliminated in the interest of preserving research objectivity and protecting the rights and welfare of human research participants. For research involving human participants for which a COI determination is made, a management plan is developed by the COI-R and is provided to the IRB for assessment as to whether or not the management strategies adequately protect the rights and welfare of human research participants.

The following are examples of COI management strategies often instituted when an investigator is determined to have a COI related to a specific research project:

1. Disclosure of the related interest to research team members and collaborators
2. Disclosure of the related interest to human research participants in the informed consent document
3. Disclosure of the related interest in press releases, presentations, and publications arising from the research
4. Reduced role of investigator in the research project (e.g., cannot serve as PI, no involvement in enrollment or consent processes, etc.)
5. Independent review of data/independent data analysis

Institutional Conflict of Interest (ICOI) exists when the financial interests of the university have the potential to cause bias in the conduct of research. Such conflicts occur most frequently in situations where a research project provides a direct benefit to an outside entity through evaluation, validation, trial or test of an invention, product, drug, service or technology, and the university holds a financial interest in the outside entity. A university-held financial interest in an outside entity includes, but is not limited to, receipt of royalties from the outside entity or an ownership interest in the outside entity.

UF has specific policies and processes governing conflict of interest in research and, both on the individual and institutional level. Please take some time to review the following website and policy:

- [UF Research Integrity - Conflict of Interest in Research](#)
- [UF Regulation on Conflict of Interest](#)

Possible Questions About Conflict of Interest Disclosure

- What do you know about conflict of interest?
- How does UF assess and manage conflicts of interest?
- What should be disclosed to subjects regarding a financial conflict of interest?
- Does the IRB view and approve COI management plans for human research?
- What do you do if you have a conflict of interest related to a protocol you are reviewing?

SECTION 9: ACCOUNTABILITY AND ADDITIONAL ADMINISTRATIVE REQUIREMENT

Principal investigators must perform or delegate to qualified research staff all necessary tasks to carry out research, including specifically, obtaining IRB approval before research begins; securing informed consent of participants prior to study enrollment; conducting continuing review in a timely manner; informing the IRB of any disapprovals, suspensions or terminations by other review units; and the creation and maintenance of accurate records; and that sufficient resources are available to meet the needs of study. The PI is ultimately responsible for proper conduct of the study and fulfillment of related obligations.

The negotiations of research contracts and management of grants takes place through the Office of Clinical Research (OCR) and the Division of Sponsored Programs (DSP).

Assistance with research development, services and support can be obtained from UF's Clinical and Translational Science Institute (CTSI).

Information regarding the reporting of any research misconduct can be found on the UF Research Integrity website: <https://research.ufl.edu/compliance/research-integrity.html>

Information regarding the reporting of research noncompliance can be found on UF IRBs website: <http://irb.ufl.edu/index/noncompliance.html>

Researchers may contact Dr. David Norton, Vice President of Research or Michael Mahoney, Director of the Research Operations and Services and HRPP Administrator, to obtain answers to questions, express concerns, or share suggestions regarding the UF's HRPP.

Possible Questions About Accountability and Additional Administrative Requirements

- Do you think you have access to adequate resources to perform your duties related to the protection of humans in research?
- What sort of support do you receive from UF administration?
- How is communication facilitated throughout the HRPP? Is this an effective system?
- Is the IRB workload reasonable?
- Describe your annual evaluation process.

SECTION 10: EDUCATION

IRB chairs, members, and staff are trained and oriented to provide them with the knowledge and skills to effectively discharge their duties and uphold the federal and local laws, University policies, and ethical standards related to human research. Continuing education for new and existing IRB staff and members is also required and is provided in the form of workshops, presentations, national webinars, and printed and electronic materials that are shared on an ongoing basis. IRB members and staff are also kept informed of opportunities for continuing education and encouraged to attend.

UF has a variety of training and education opportunities and platforms available and sometimes required for all individuals conducting, supporting, reviewing research within the institution and its affiliates. UF Research has developed the Research Training Utility as a tool to help faculty, staff, and students identify what mandatory training must be completed in order to conduct research at the University of Florida. UF Research Training Utility: <https://research.ufl.edu/research-operations-services/rtu.html>

SECTION 11: ADDITIONAL RESOURCES

- [UF Research – HRPP webpage: AAHRPP Reaccreditation Visit](#)
- [UF IRB Webpage](#)
- [AAHRPP](#)

The HRPP Administrator and Accreditation Coordinator are available to answer your questions and to help you have a successful interview.

If you have any questions, don't hesitate to contact us at:
gailinemccaslin@ufl.edu