

When It's Time to Submit an RNI

Recognizing reportable new information and knowing what the IRB needs

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What Is an RNI and Why Reporting Matters

RNI stands for **Reportable New Information**.

It is the **mechanism** used in IBISResearch to notify the IRB of new information or events that require IRB oversight after a study has been approved.

Protect participants

An RNI gives the IRB the information it needs to **assess**, participant safety/ risks, rights and welfare, compliance, and whether changes or additional action are needed.

Review information

- The IRB will then **review** the information, determine if it must require changes in the protocol or consent document.
- The IRB may **require changes**, corrective action, additional monitoring, or make formal determinations.
- The IRB may also **determine** if the study meets the definition of any of the following:

- Serious Non-compliance
- Continuing Non-compliance
- Unanticipated Problems Affecting Subjects or Others

Reporting duties

The IRB must report certain findings to institutional officials and regulators.

TYPES OF RNI



New or Increased Risk

Information showing a new risk, increased frequency/severity of a known risk, or other meaningful change to the study's risk profile.



External Serious Adverse Events / IND Letters

Do not submit an external event merely because it is serious. Report when sponsor analysis identifies it as unexpected, related/probably related, and evidence of a previously unknown new risk.



Noncompliance (protocol deviations/violations)

Action or inaction by an investigator or study team member that fails to follow the protocol, regulations, or IRB requirements/determinations.



Other Required Reports

Includes an unresolved subject complaint and premature suspension or termination of the protocol by the sponsor, investigator, or institution, DSMB.

NEW OR INCREASED RISK: THE CORE QUESTION

Does this information change what is known about the risk of the research?

Investigators are required to submit reports of unanticipated problems involving risks to subjects or others (**UPIRSTO**) to the IRB within **ten business days**. Well-written protocols anticipate and delineate the likely serious events and list the ones that will not be reported. An UPIRSTO is any event that is:

- Unexpected** (incidence rate/severity beyond expected);
- Related** to the study;
- Indicates there is a **risk** to the subjects or others that was not previously known.

Examples of new or increased risk include:

- Updated Investigator Brochure/package insert revising the risk profile or expected adverse reactions
- Sponsor or safety-monitoring report identifying a new adverse event that is now expected
- Investigator finding that revises the risk profile or expected adverse reactions
- Unexpected harm probably related to research procedures
- Protocol violation that harmed participants/others or may increase risk
- Withdrawal, restriction, or modification of a marketed product

External SAEs

The question is not simply “Was it serious?” but “What does the report tell us about risk?”

Do NOT submit simply because an external event is serious.

HRP-103 says not to submit external adverse-event reports when the sponsor has not analyzed the event.

- **Submit meaningful safety information. Look for sponsor analysis connecting the event or pattern to all three elements: unexpected + related/probably related + new risk to subjects or others.**
- **IND/IDE safety letters (reports)**

In December 2025, the FDA published its final “Investigator Responsibilities – Safety Reporting for Investigational Drugs and Devices” guidance and a Federal Register notice for the final “Sponsor Responsibilities – Safety Reporting Requirements and Safety Assessment for IND and BA/BE Studies” guidance.

Adverse Event ≠ Automatically an RNI

1. Unexpected?

Is the incidence rate or severity beyond what was expected?

2. Related?

Is the event related to the study?

3. New risk?

Does it indicate a risk to subjects or others that was not previously known?

When these criteria are met, report the information to the IRB within the applicable UM reporting timeline.

Noncompliance

- **Noncompliance:** failure by an investigator or study team to follow the applicable regulations or IRB requirements/determinations.
- **Study team includes** supporting departments such as laboratory, nursing, or Investigational Drug Services.
- The RNI should include what happened, root cause, and an action plan to prevent recurrence (CAPA plan).
- Report the location when the deviation/noncompliance occurs at a **JHS facility**.

*Types of noncompliance **determinations**:*

- Serious Non-compliance
- Continuing Non-compliance
- Unanticipated Problems Affecting Subjects or Others

***Examples** of noncompliance:*

- Protocol deviation/violation:* alteration or deviation from the IRB-approved research plan.
- Starting research early:* Conducting recruitment, consent, or data collection before getting final IRB approval
- Lapsing approvals:* Continuing study activities after an IRB approval expiration date without a formal extension.
- Consent errors:* Failing to get proper informed consent, using outdated consent forms, or missing required participant signatures.
- Safety reporting failures:* Failing to report unanticipated problems, side effects, or adverse events to the IRB on time.
- Unapproved locations:* Performing research tasks at a site that the IRB has not approved
- Poor record keeping:* Failing to keep accurate, complete source documents and study logs.
- *Data breach.*

PROTOCOL DEVIATIONS/ VIOLATIONS

- **Are** any **alteration or deviation** from the IRB-approved research plan as defined in the study protocol. Protocol deviations are **not usually anticipated or planned** and those that result in harm or have the potential for harm are considered **UPIRTSO** (*unanticipated problem involving risks to subjects or others*).
- **When** protocol deviation/violations occur, an RNI should be submitted in IBISResearch system within 10 business days and should include:
 - A **summary** of what happened;
 - An **analysis** of why (root cause) the event occurred;
 - An **action plan** describing the steps that have been or will be taken to prevent recurrence of the same or similar events.
- Some protocol deviations occur in urgent/emergent situations when there is **not sufficient time to obtain IRB-approval prior** to implementation, to eliminate a risk or hazard to the subject/s safety. The RNI report in this case must be submitted within **5 business days** of occurrence (*not to be confused with Emergency Use or Compassionate Use*).
- There are few **exceptions** such as the **planned protocol deviations**. Are usually done whenever is necessary to protect the subject's health, rights or welfare. These are submitted via the **Modification mechanism** not RNI and **need the IRB approval prior to implementation**.

Other Required (RNI) Reports

-Unresolved Subject Complaint. A subject complaint that the study team cannot resolve.

-Status change

-DSMBs

-Best practice

-Premature Suspension or Termination of the study.

-Premature suspension or termination of the protocol by the sponsor, investigator, or institution.

See Worksheet: Review of information Items (HRP-321) for more information.

A Simple RNI Decision Check

1. What happened?

Describe the event objectively, clear chronology; when, what, where, how and who discovered it?

2. What requirement applies?

Protocol, consent, IRB determination, regulation, sponsor/monitoring requirement.

3. What was the impact?

Risk, harm, rights/welfare, privacy/confidentiality, data integrity.

4. Is there a pattern?

Isolated vs. repeated; similar prior events; local vs. study-wide.

5. What was done?

Immediate correction, participant protection, notifications.

6. What prevents recurrence?

Root cause, corrective action, preventive action, effectiveness check.

7. The most important question:

How is the participant currently doing?

A CAPA Plan Should Accompany the RNI

Our **new CAPA plan template** is practically **a guide** to help study teams **find out** when the noncompliance results from an investigator or study-team action/inaction, how to find the real root cause, what corrective actions have been taken if any, and how to prevent reoccurrence. *IB, DSMB and few Other reports usually do not require a CAPA.*

New CAPA template includes:

Observation/Finding - what happened; date/time, location, deviation/noncompliance, participant impact.

Discovery & reporting timeline - discovery, PI notification, Sponsor/IRB reporting, and explanation of delay.

Assessment of finding - safety, increased risk, data integrity, rights/welfare, willingness to continue.

Immediate actions taken to protect the participant/s.

Root Cause Analysis - problem statement, contributing factors, 5 Whys, root-cause summary.

Corrective Actions - to correct the observation/findings

Preventive Actions - actions to be implanted to eliminate or prevent the root cause identified.

CAPA Effectiveness Monitoring - verification method, responsible role, follow-up timeline, success metrics.

- 1. Submit the RNI within 10 working days of acknowledgment.**
- 2. Include a copy of the CAPA plan with the RNI submission.**
- 3. Remove the instructional text before submitting the completed form.**
- 4. Have the PI sign the CAPA.**

PRACTICE 1: MISSED EXPLORATORY ASSESSMENTS

SUBJECT 3 MISSED TWO ASSESSMENTS DURING STAFF TRANSITION; NO SAFETY IMPACT

WHAT SHOULD THE STUDY TEAM DO?

- A. Document in the binder only B. Wait until continuing review C. Submit an RNI within 10 business days

Answer: C

This is a protocol deviation. Explain the staff-transition root cause, why safety was not affected, and the preventive checklist now in place/ CAPA plan.

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PRACTICE 2: SPONSOR ACCEPTANCE AFTER THE FACT

A PET/CT WAS PERFORMED INSTEAD OF THE IRB APPROVED CT; THE SPONSOR LATER ACCEPTED IT

What changed?

Protocol requirement

The approved imaging procedure was not followed. The event occurred before the IRB was notified.

What does the sponsor acceptance do?

Provides context – not IRB approval

Sponsor acceptance may address sponsor requirements, but it does not retroactively approve a departure from the IRB approved protocol.

Submit an RNI within 10 business days of knowledge; assess participant impact and prevent recurrence.

PRACTICE 3: PHARMACY ERROR IN A BLINDED STUDY

THE TEAM SAYS A CAPA WOULD REVEAL TREATMENT ASSIGNMENT

THE IRB STILL NEEDS:

- A factual event description and chronology
- Participant impact and immediate protections
- Root cause at the process level
- Corrective and preventive actions
- Effectiveness monitoring

PROTECT THE BLIND – DO NOT OMIT THE ANALYSIS

- Describe the dispensing workflow,
- Control failure,
- Retraining,
- Verification steps,
- Monitoring without naming treatment assignment when possible.
- Contact HSRO if protected details require a limited review pathway.

An assertion of blinding is not, by itself, a reason to withhold CAPA.

TAKE-HOME MESSAGES

1

Use UM's rules

University of Miami governs the operational RNI decision and timeline.

2

Separate pathways

Sponsor reporting and IRB reporting may overlap, but neither replaces the other.

3

Make it actionable

Facts + impact + root cause + CAPA allow meaningful IRB review.

When in doubt: protect the participant, preserve the facts, and ask HSRO early.

Sources & Important Note

University of Miami Investigator Manual

https://hsro.uresearch.miami.edu/_assets/pdf/hrp-103-investigator-manual.pdf

Investigator responsibilities – Safety Reporting Requirements

<https://www.fda.gov/regulatory-information/search-fda-guidance-documents/investigator-responsibilities-safety-reporting-investigational-drugs-and-devices>

HRP – 321 – WORKSHEET – Review of Information Items

<https://hsro.uresearch.miami.edu/resources-and-guidance/policies-procedures-and-regulations/worksheets/index.html>