Clinical Research Shared Service Standard Operating Procedure

SOP 104-ADM Obtaining Written Informed Consent from Research Subjects at the UACC

Approval signature: ____________________________
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Purpose:
This standard operating procedure (SOP) describes the steps for obtaining a fully executed informed consent from a research subject at the UACC. Informed consent should be an ongoing process that focuses on a series of dynamic and appropriately targeted conversations between the study participant and the research staff as well as the written signed informed consent document. The process should begin before enrollment and be reinforced during each encounter or intervention. The process should ensure that participants clearly understand the nature of the proposed research, the potential risks and benefits to them and to society.

References:
- 21 CFR 50.20 General requirements for informed consent
- 21 CFR 50.23 Exception from general requirements
- 21 CFR 50.24 Exception from informed consent requirements for emergency research
- 21 CFR 50.25 Elements of informed consent
- 21 CFR 50.27 Documentation of informed consent
- 21 CFR 56.109 IRB review of research
- 21 CFR 312.60 General responsibilities of investigators
- 45 CFR 46.116 General requirements for informed consent
- 45 CFR 46.117 Documentation of informed consent
- FDA information sheets, October 1998.
- International Conference on Harmonization (ICH); Good Clinical Practice (GCP): Consolidated Guideline. April 1996.
- All SOPs are applicable to this SOP.

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 AUTHORS:
Revised by the Standard Operating Procedure Review Committee

TARGET AUDIENCE OR RESPONSIBILITIES:
This SOP applies to those members of the clinical research team involved in the process of obtaining informed consent from research subjects and the processing of the written documentation. This includes the following:

- Principal Investigator (PI) or Co-Principal Investigator (Co-PI), Sub-Investigator, and Research Nurse who are listed on the form FDA 1572 and the Verification of Training Form (VOTF).
- Clinical Research Coordinator who is listed on the VOTF.

TOOLS:
- University of Arizona Human Subjects Training (Collaborative Institutional Training Institute) http://www.citiprogram.org
- Study specific IRB approved informed consent form.
- Consent verification page for documenting informed consent in source document (Attachment 1).

DEFINITIONS OF TERMS:
- Clinical Research Team Member: Principal Investigator, Co-Principal Investigator, Sub-Investigators, Research Nurses and Clinical Research Coordinators designated by the Principal Investigator to participate in the conduct of the clinical trial on the delegation of authority log.
- Clinic Packet: A packet that contains the subject’s consent form, any other study specific consents (tissue consent, biomarker research, etc), consent verification page, subject’s authorization form for use and disclosure of protected health information (PHI) for research (if applicable for study), Fast Facts and/or equivalent, study schema/flowsheet, pre-authorization form and NCI booklet Taking Part in Cancer Treatment Research Studies in English (Spanish NCI booklet also available), as well as any other pertinent study related materials.
- Consenter/Presenter: An individual delegated by the Principal Investigator (PI) who may explain the basic elements (study design, required procedures, risks, etc.) of the clinical research study to the patient. This individual may sign as “consenter” or “presenter” on the informed consent document.
- Co-Principal Investigator (Co-PI): Assists the PI with the conduct of the clinical study. He/she oversees all aspects from IRB submissions to patient care. May sign as the investigator or consenter/presenter (depending on consent terminology) on the informed consent document.
- Form FDA 1572: A written agreement between the Principal Investigator and the FDA, which identifies investigators authorized to perform the trial-related tasks.
- **Fully executed Informed Consent Form**: The entire process of information conveyance and discussions related to the clinical trial; reading and understanding the informed consent document; signing, dating and initialing each page if applicable (study subject only) of the informed consent document by the study subject, presenter, investigator and witness, as applicable.

- **Impartial witness**: A person, who is independent of the trial, who cannot be unfairly influenced by people involved in the trial, who attends the informed consent process if the subject or the subject's legally acceptable representative cannot read, and who reads the informed consent form and any other written information supplied to the subject.

- **Informed consent**: The process of providing all relevant information about the trial's purpose, risks, benefits, alternatives, and procedures to a potential participant, who then, consistent with his/her own interests and circumstances, makes an informed decision about whether to participate.

- **Language barrier**: Any circumstance that impairs accurate communication of study information (including non-English speaking or reading, deafness, blindness or educational impairment).

- **Legally acceptable representative**: An individual or judicial or other body authorized under applicable law to consent, on behalf of a prospective subject, to the subject's participation in the clinical trial.

- **MRN**: Medical Record Number.

- **OnCore**: Database used to store protocol and patient data at the University of Arizona Cancer Center.

- **Principal Investigator (PI)**: The individual who is ultimately responsible for the conduct of the clinical trial. He/she oversees all aspects from IRB submissions to patient care. Signs as the investigator or consenter/presenter (depending on consent terminology) on the informed consent document.

- **Protocol Number**: A number assigned by the IRB to identify individual research projects.

- **Subject**: An individual who participates in a clinical trial, either as a recipient of the investigational product(s) or as a control. Any person considering participation in a clinical trial.

- **Sub-Investigator**: Any individual member of the clinical trial team designated on the FDA Form 1572 and supervised by the Principal Investigator at the trial site to perform critical trial-related procedures and/or to make important trial-related decisions (e.g.; associates, residents, research fellows, nurse practitioners) and are included on the form FDA 1572. May sign as the investigator or consenter/presenter (depending on consent terminology) on the informed consent document.

- **Witness**: An individual who is present during the entire informed consent process and can attest by his/her signature that it occurred, was complete and that the study subject signed and dated the informed consent form. (*The witness signature does not mean or imply that he/she only observed the study subject sign the informed consent form document.*)

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Safety Issues:
Safe and appropriate delivery of the informed consent form to research subjects ensures that all risks and benefits are fully disclosed and subjects are participating voluntarily.

Process Steps:
1) All persons involved in conducting trial-related discussions with potential study subjects must have successfully completed the University of Arizona human subjects training (CITI).
2) PI, Co-PI and/or Sub-investigator, Research Nurse or Clinical Research Coordinator provide to potential study subject the most recent IRB-approved and stamped (if applicable) informed consent form located in the clinic packet.
3) Before any study-related procedures are done, written informed consent is obtained from the subject and/or his/her legally acceptable representative.
4) PI, Co-PI and/or Sub-investigator explain to the subject or legally acceptable representative in non-technical language the clinical study design, required procedures, treatment requirements and the study risks and benefits. These basic elements are part of and included in the informed consent document and are discussed in detail during the informed consent discussion. Specific required elements of the informed consent process that should be reviewed with the potential study subject include:
   - A discussion that the study involves research, an explanation of the purposes of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any experimental procedures;
   - A discussion of any reasonably foreseeable risks or discomforts to the subject;
   - A discussion of any benefits to the subject or to others, which may reasonably be expected from the research;
   - A disclosure of appropriate alternative procedures or courses of treatment, if any, which might be advantageous to the subject;
   - A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained and that notes the possibility of an FDA inspection;
   - For research involving more than minimal risk, an explanation on available compensation, if any, and an explanation as to whether any medical treatment(s) are available if injury occurs and, if so, what are the treatments and how further information may be obtained;
   - An explanation of contacts who can answer pertinent questions about the research and research subjects' rights, as well as the name(s) of person(s) to contact in the event of a research-related injury to the subject;
   - A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits or medical care to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without
penalty or loss of benefits or medical care to which the subject is otherwise entitled.

Additional elements of the informed consent process that should be provided to the subject (as appropriate to the study) include:

- A statement that the particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant), which are currently unforeseeable;
- Anticipated circumstances under which the subject's participation may be terminated by the investigator without regard to the subject's consent (i.e., disease progression, non-compliance, etc);
- Any additional costs to the subject that may result from participation in the research. Prior to scheduling or performing any study related or study required as well as standard of care procedures, preauthorization for insurance reimbursement should be obtained as appropriate. The study subject will be informed of status of insurance reimbursement for medical procedures and visits as the status relates to his/her participation in the clinical study;
- The results of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject;
- A statement that significant new findings developed during the course of the research, which may relate to the subject's willingness to continue participation will be provided to the subject;
- The approximate number of subjects involved in the study.

Other areas that should be discussed and addressed during the informed consent process with the potential study subject include:

- A statement: regarding the details of the drugs/devices/procedures under investigation. If there is a placebo arm to the study, this must be explained;
- If appropriate, the probability for random assignment to each study arm;
- Number and length of visits;
- Details about procedures involved (number and frequency of these procedures, etc);
- The subject's responsibilities;
- That study sponsor monitor(s), auditor(s), the IRB/IBC, and other regulatory authority(ies) will be granted access to the subject's original medical records for verification without violating the confidentiality of the subject and that, by signing a written informed consent form, the subject or the subject's legally authorized representative is authorizing such access.

5) The clinical research team ensures that the potential study subject is not excessively influenced to participate or continue in the clinical study.

6) Following the initial discussions, the subject should be encouraged to take the consent home for further consideration and discussion with family members. The subject should be given information on how to contact members of the research team for questions and/or to communicate his/her decision on participation. The
research team gives and reviews the NCI booklet to/with the subject.

7) After the research team explains the study and the subject has ample opportunity to have questions answered and agrees to participate in the study, the subject will complete the appropriate pages, signs, and dates the consent form. If applicable, the subject signs the PHI authorization form and any other ancillary consents.

Note: If applicable, when an informed consent form is missing the subject's initials on the signature page but complete signature and date are provided, the screening process may begin; however, the subject must initial and date this page at the next visit and prior to treatment.

The consent form is verified, signed, and dated by the following individuals:

- The subject or legally acceptable representative;
- An impartial witness is required if a subject has a language barrier or if the legally acceptable representative has a language barrier. The impartial witness is present during the entire informed consent discussion(s) and signs and dates the consent form on the witness line if the subject decides to participate;
- A witness, if required by the IRB;
- Depending on the informed consent terminology: PI, Co-PI or Sub investigator will sign as investigator/consenter/presenter, or clinical research team member delegated by the PI may sign as the consenter/presenter who discussed the study with the subject as the presenter;
- If applicable, the PI or Co-PI signs the original informed consent document as the investigator within the protocol specified window or 14 days if not specified by the protocol. If the informed consent document only requires a consenter/presenter signature, a clinical research team member designated by the PI may sign as the consenter/presenter within the protocol specified window or 14 days if not specified by the protocol.
- A member of the clinical research team (PI, Co-PI, or Sub-I; Research Nurse; Clinical Research Coordinator) places a patient label (with the patient's name, medical record number and date of birth) on every page of each consent signed;
- The consent verification page is completed, signed and dated. A research team member documents the consent process on this page as to those present, if applicable, questions asked, and answers given. The original consent verification page is attached to the original informed consent form document, which is kept on file at UACC North Campus in room 2111.

8) A copy of the fully executed informed consent form, (PHI authorization form and ancillary consent forms if applicable), is given to the subject. One copy is placed in the subject's medical record, another copy is placed in the research chart, and the originals are filed by the protocol number in room 2111 at UACC North Campus.

9) After the subject signs and dates the informed consent form, the subject is enrolled in the clinical study. The subject information and informed consent status is entered in the OnCore database.
10) Enrolled subjects are re-consented at any time during the study when certain criteria arise such as:
   - New risks or benefits;
   - Protocol changes (e.g., study design, dosage changes, and amendments);
   - Protocol consenting timeframe expiration. If the subject signed the informed consent form and the subject has not been registered or treated within the protocol-specified window or 30 days, if not specified in the protocol, of the initial signed informed consent, the study subject must be re-consented.

Note: A new consent verification page must be completed each time consent is obtained.

11) A faxed, e-mailed, or mailed informed consent form is not considered a fully executed informed consent form and is not acceptable for registration or treatment purposes. A faxed, e-mailed, or mailed informed consent form is used for screening and long-term follow-up purposes and if the following conditions are met:
   - The faxed, e-mailed, or mailed informed consent is accompanied with copies of official documentation identifying the study subject and witness (picture and signature e.g., passport, driver’s license, or any other legal identification card)
   - If the consent is faxed or e-mailed, the original document is brought in at the next visit and signed by the PI, Co-PI, or Sub-I as the investigator or, depending on the informed consent document terminology, clinical research team member as consenter/presenter.
   - The informed consent process must be repeated and new signatures obtained in person prior to study registration/randomization and treatment.

12) If the subject is a screen failure, the subject's original consent form, original PHI form and the original consent verification page, will be filed by the protocol number in room 2111 at UACC North Campus. A copy of the consent form(s) with a completed Consent Verification Page will be placed in the subject's screen fail chart. Copies of these documents should not be placed in the subject's medical record.
Protocol No. ______________ presented to patient.

Please initial in the boxes when the task has been completed by study staff.

- Time of patient's consent (24 hour)
- N/A □ re-consent
- ICF version number/date

- PHI version number/date

- Person(s) present during consent process, if applicable (specify relationship to patient)

- Signed copies of ICF and PHI given to patient

- NCI booklet (Taking Part in Cancer Treatment Research Studies) provided
- N/A □ re-consent

Check the appropriate box below if applicable. Please write the date of the event in the line next to the event. Please add in comments why the patient re-consented, screen failed or withdrew consent.

- Screen Fail: __________
- Consent Withdrawn: __________
- Re-consent: __________
- Approval/Version date (for re-consent): ______________________

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