Clinical Research Shared Service Standard Operating Procedure

SOP 120-ADM Obtaining Written Informed Consent from Special Population Research Subjects at the AZCC

Approval signature:

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Purpose:
This standard operating procedure (SOP) describes the steps for obtaining a fully executed informed consent from special population research subjects at the AZCC. The typical special populations seen at the AZCC are children and language barrier impaired subjects. Informed consent should be properly obtained from the subject or the subject's legally acceptable representative. 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 obtaining 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
• 45 CFR 46.207 Activities directed toward pregnant women as subjects
• 45 CFR 46.208 Activities directed toward fetuses in utero as subjects
• 45 CFR 46.304 Composition of IRBs where prisoners are involved
• 45 CFR 46.305 Additional duties of the IRBs where prisoners are involved
• 45 CFR 46.306 Permitted research involving prisoners
• 45 CFR 46.408 Requirements for permission by parents or guardians and for assent by children
• 45 CFR 46.409 Wards
• FDA information sheets, October 1998
Obtaining Written Informed Consent from Special Population Research Subjects at the AZCC

- International Conference on Harmonization (ICH); Good Clinical Practice (GCP): Consolidated Guideline, November 2003.
- All SOPs are applicable to this SOP.

Authors:
Revised by SOPRC.

Target Audience or Responsibilities:
This SOP applies to those members of the clinical research team involved in obtaining informed consent from special population research subjects and processing written documentation. This includes the following:
- The Principal Investigator (PI), Co-Principal Investigator (Co-PI), Sub-Investigator, and Research Nurse Coordinator who are listed on the Form FDA 1572 and the Verification of Training Form (VOTF).
- Clinical Research Coordinator/Research Specialist who are listed on the VOTF.

Tools:
- University of Arizona Human Subjects Training (CITI) http://www.citiprogram.org
- Study specific IRB approved consent form
- Short Form of Informed Consent Example (Attachment 1)
- Consent verification page for documenting informed consent in source document (Attachment 2)
- IRB forms: Minor’s Assent Form, Parental Consent Form template, Guidelines for Parental Consent Forms, and Spanish Consent Template http://www.irb.arizona.edu
- NCI Booklet: Taking Part in Cancer Treatment Research Studies

Definition of Terms:
- **Assent**: A child's affirmative agreement to participate in research. Mere failure to object should not, absent affirmative agreement, be construed as assent.
- **Children**: Persons who have not attained the legal age for consent to treatments or procedures involved in the research, under the applicable law of the jurisdiction in which the research will be conducted.
- **Clinic packet**: A packet that contains the subject’s consent form (two copies), consent verification page, subject’s authorization form for use and disclosure of protected health information (PHI) for research (two copies), fast facts, schedule of tests (study schedule), patient performance status sheet, inclusion/exclusion checklist, and NCI booklet: Taking
Part in Cancer Treatment Research Studies in English (Spanish NCI booklet also available).

- **Guardian:** An individual who is authorized under applicable state or local law to consent on behalf of a child to general medical care including participation in research.

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

- **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 juridical or other body authorized under applicable law to consent, on behalf of a prospective subject, to the subject's participation in the clinical trial.

- **Parent:** A child's biological or adoptive parent.

- **Permission:** Agreement of parent(s) or guardian to the participation of their child or ward in research.

- **Vulnerable subjects:** Individuals whose willingness to volunteer in a clinical trial may be unduly influenced by the expectation, whether justified or not, of benefits associated with participation, or of a retaliatory response from senior members of a hierarchy in case of refusal to participate. Examples are members of a group with a hierarchical structure, such as medical, pharmacy, dental and nursing students, subordinate hospital and laboratory personnel, employees of the pharmaceutical industry, members of the armed forces, and persons kept in detention. Other vulnerable subjects include patients with incurable diseases, persons in nursing homes, unemployed or impoverished persons, and patients in emergency situations, ethnic minority groups, homeless persons, nomads, refugees, minors, and those incapable of giving consent.

- **Ward:** A child who is placed in the legal custody of the state or other agency, institution, or entity, consistent with applicable federal, state, or local law.

**Safety Issues:**
Safe and appropriate delivery of the informed consent form to special population 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 (Collaborative Institutional Training Institute) (CITI).

2) PI, Co-PI and/or Sub-Investigator, Research Nurse Coordinator or Clinical Research Coordinator provide to potential study subject the most recent IRB-approved and stamped informed consent form applicable to that special population, whether it is a
qualified language translated consent form, parental consent form or a minor assent form. The forms are located in the clinic packets.

3) Before any study-related procedures are done, written informed consent is obtained from the subject and/or his/her legally acceptable representative.

4) Oral informed consent using a short form and summary sheet can be done if the IRB has waived the requirement for written informed consent from the subject or the legal representative. Develop two documents: a "short form" that captures the elements of informed consent and a summary sheet of the information that is to be presented orally to the subject or the legal representative (Attachment 1). Using the IRB-approved short form and summary sheet, with an impartial witness present, read the document to the subject or the legally acceptable representative. If the subject or the legal representative does not speak English, ensure that the information presented orally in the subject's native language has been translated and that the translation for both forms has been approved by the IRB. Ensure that the person obtaining consent signs and dates the summary sheet and that an impartial witness signs both the summary sheet and the short form to document that the informed consent process was properly implemented. The subject or legally acceptable representative signs the short form. The subject receives copies of both forms.

5) A non-English speaking subject is presented with a consent form written in the subject's native language. This form has been translated by a certified translator and the IRB has reviewed and approved both the English and foreign language version of the consent form. Requests for translations of consents can be made to the sponsor using our IRB approved English version of the consent. The IRB Web site also displays a Spanish consent template that can be sent to the sponsor along with the English version of a study-specific IRB-approved consent. Sponsors may use the template to fill in study-specific verbiage.

6) Consents for children must incorporate a justification for involving children, in addition to all elements of an informed consent form. This should include a reasonable expectation for benefit and rationale for not doing the study on a less vulnerable population. Consent for minors is obtained from both of the child's parents, unless a parent is deceased, not reasonably available, or if only one parent has legal responsibility for the child. Assent is obtained from all children who are old enough to consider the risks and benefits of their participation. An assent form must be signed by those subjects capable of reading and understanding a simplified version of the Parental Consent Form.

- For ages 6-14, normally a simple paragraph is adequate.
- For 15-17 year olds, depending on the complexity of the project, EITHER
  1) A Subject's Consent Form signed by both the minor and the parent/legal guardian

  OR

  2) An Adolescent's Assent Form to document assent. The Adolescent's Assent Form follows the same format as the Subject's Consent Form but at a language level consistent with the study population.
SOP 120-ADM Obtaining Written Informed Consent from Special Population Research Subjects at the AZCC

For those subjects who are too young to read an assent form, but are capable of understanding an oral explanation of the procedures, a copy of the oral explanation is submitted for IRB approval. A signature line and date line to be signed by the individual responsible for the oral explanation is included. The consenting process is documented on the consent verification page.

**Note:** The age, maturity, and psychological state of the subjects must be taken into account by the principal investigator when drawing up an assent form or an oral explanation form.

A child’s right to refuse is evaluated based on age and severity of illness. The legality of the parent/legal guardian’s signature is the responsibility of the principal investigator. The IRB website contains templates as well as guidelines for parental consent forms and minor assent forms.

7) Blind subjects have the consent read to them with an impartial witness present during the entire consenting process. The impartial witness signs the consent as a witness. The consenting process is documented on the consent verification page noting that the consent was read to the subject, who was present, any questions asked by the subject and the answers that were given.

8) Deaf subjects read the consent or have a certified sign language interpreter present to interpret the consent if they cannot read. An impartial witness is present during the entire consenting process and signs the consent as a witness.

9) 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.

10) Refer to SOP 104-ADM for required elements of an informed consent along with additional elements that should be provided to the subject.

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

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

13) After the research team explains the study and the subject or legally acceptable representative has ample opportunity to have questions answered and agrees to participate in the study, the subject or legally acceptable representative will complete the appropriate pages, signs, and dates the consent form. The subject or legally acceptable representative signs the PHI authorization form.

**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.
- The PI or Co-PI and/or the Sub-Investigator who discussed the study with the subject as the presenter;
- The PI or Co-PI as the investigator within 7 days.

A research team member (Investigator, RN, Clinical Research Coordinator) writes the study subject’s name and MRN on the first page of the informed consent form.

The consent verification page is completed, signed, dated and the time noted by the investigator who presented the study to the subject or legally acceptable representative. A research team member documents the consent process on this page or in a progress note as to those present, questions asked, and answers given.

**Note:** The original consent verification page is placed in the subject’s medical record and copies are placed in AZCC records room 2270 consent file and the research chart.

14) A fully executed copy of the informed consent form and PHI authorization form are given to the subject or legally acceptable representative. One copy is placed in the subject’s medical record, another copy is placed in the research chart and the original is filed by the HSC/BIO number in AZCC records room 2270.

15) If the subject is a screen failure or withdrawn before treatment is initiated, the subject’s original consent form, original PHI form and the original consent verification page will be filed by the protocol number in room 2270 at AZCC UMC North. The Informed Consent Clarification Form must be attached with an explanation of why the subject failed screening. Copies of these documents should not be placed in the subject’s medical record.

16) After the subject or legally acceptable representative signs and dates the informed consent form, the subject is enrolled in the clinical study. The subject information and informed consent status is entered into the OnCore database.

17) Enrolled subjects or legally acceptable representative 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, number of subjects, dosage changes, and amendments);
• Protocol consenting timeframe expiration. If the subject or legally acceptable representative signed the informed consent form and the subject has not been registered or treated within 30 days of the initial signed informed consent, the study subject must be re-consented.

Note: The consent verification page must be completed each time a subject is re-consented.

18) A faxed informed consent form is not considered a fully executed informed consent form and is not acceptable for registration or treatment purposes. A faxed informed consent form is used only for screening purposes and if the following conditions are met:
   • The faxed informed consent is accompanied with copies of official documentation, picture and signature, identifying the study subject and witness (e.g., passport, driver’s license, or any other legal identification card).
   • The original document is brought in at the next visit and signed by the PI or Co-PI as the investigator and/or as the presenter by the PI, Co-PI and/or Sub-Investigator.
   • The informed consent process must be repeated and new signatures obtained prior to study registration/randomization and treatment.
Attachment 1

Short Form of Informed Consent Example
Short Form of Informed Consent Example

Based upon 21 CFR 50.27, there must be a witness to each oral presentation of the short form of the informed consent. The subject receives a copy of both forms.

**SUMMARY**

IRB must approve the text of oral presentation.

Summary contains all the required elements of informed consent to be presented orally.

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**SHORT FORM OF INFORMED CONSENT**

The study had been explained to me.

My questions have been answered.

I choose to participate in this study.

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Person obtaining consent

Subject

Witness

Witness

Date

Date

Final Version 12-17-08 Rev C
Attachment 2

Consent Verification Page
CONSENT VERIFICATION PAGE
Version 08/06/08

Protocol No. ___________ presented to patient. Purpose, risks and benefits explained. The patient has been given the opportunity to ask questions. All questions answered to patient satisfaction. Written informed consent obtained.

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Investigator signature                            Date

☐ Time of patient’s consent (24 hour)
☐ N/A ☐ (applicable for original consent only)

Initial when completed

☐ 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 ☐ (applicable for original consent only)

Comments

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Completed by (RN/CRC) _______________________________    Date ________