1.0 **Purpose:**

1.1 The purpose of this policy is to describe both the process required for obtaining legally effective informed consent as well as the requirements for documentation of informed consent endorsed by the Hartford HealthCare Human Research Protection Program (HHC HRPP) and Institutional Review Board (IRB).

2.0 **Definitions:**

2.1 **Exculpatory Language -** Language that waives or appears to waive any of an individual's legal rights or which releases or appears to release the investigator, sponsor, the institution or its agents from liability for negligence.

2.2 **FDA –** Food & Drug Administration

2.3 **Legally Authorized Representative (LAR) -** 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 procedure(s) involved in the research.

2.4 **Legally Effective -** The individual providing consent or permission would; have enough information to make a decision, understand the consequences of a decision, be able to make a decision, and be able to communicate a decision.

2.5 **Prospectively Obtained -** Consent is obtained and documented prior to the initiation of any research related activities.

2.6 **OHRP –** Office of Human Research Protection

3.0 **Procedure:**

3.1 **General Requirements**

3.1.1 Informed Consent is a written notification to human subjects involved in research that provides them with sufficient opportunity to consider whether or not to participate in a study.

3.1.2 Informed consent must be legally effective and prospectively obtained (45 CFR 46.116). No investigator may involve a human being as a subject in research unless the investigator has obtained the legally effective informed consent from the subject or the subject's legally authorized representative (LAR).

3.1.3 An investigator shall seek consent only under circumstances that provide the prospective subject or the LAR sufficient opportunity to consider whether or not to participate and that minimize the possibility of coercion or undue influence.

3.1.4 The information that is given to the subject or their LAR shall be in language that is understandable to them and documented in writing (45 CFR 46.116 and 46.117). If the consent is not in a language that is understandable, a short form may be used (*see HRPP Policy #120 – "Research Involving Non-English Speaking or Illiterate Subjects"*).

3.1.5 The prospective subject or the legally authorized representative must be provided with the information that a reasonable person would want to have in order to make an informed decision about whether to participate, and an opportunity to discuss that information.

3.1.6 Except for broad consent obtained in accordance with 46.116(d):

3.1.6.1 Informed consent must begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that facilitates comprehension.

3.1.6.2 Informed consent as a whole must present information in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilitates the prospective subject's or legally authorized representative's understanding of the reasons why one might or might not want to participate.

3.1.7 No informed consent, whether oral or written, may include any exculpatory language through which the subject or their LAR is made to waive or appear to waive any of the subject's legal rights, or releases or appears to release the investigator, the sponsor, the institution, or its agents from liability for negligence (45 CFR 46.116).

3.1.8 The written and verbal consent form must be approved by the Institutional Review Board (IRB) prior to use.

3.1.9 The Hartford HealthCare informed consent and HIPAA Authorization templates must be used for all studies unless the study has been deferred to an outside IRB.

3.2 **Basic elements of informed consent -** The HHC informed consent template has been designed to include all the basic elements (information) that must be provided to each subject or the legally authorized representative as outlined in 45 CFR 46.116, 21 CFR 50.25, and ICH-GCP (E6):

3.2.1 A statement 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 procedures that are experimental.

3.2.2 A description of any reasonably foreseeable risks or discomforts to the subject.

3.2.3 A description of any benefits to the subject or to others that may reasonably be expected from the research.

3.2.4 A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject.

3.2.5 A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained and that notes the possibility that the Food and Drug Administration may inspect the records.

3.2.6 For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.

3.2.7 An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research related injury to the subject.

3.2.8 A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and that the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

3.2.9 One of the following statements about any research that involves the collection of identifiable private information or identifiable biospecimens:

3.2.9.1 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

3.2.9.2 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.

3.3 **Additional elements of informed consent -** When appropriate, one or more of the following elements of information must be provided to each subject or the legally authorized representative:

3.3.1 A statement that the IRB has granted approval for the investigator to conduct the trial.

3.3.2 A statement that a particular treatment or procedure may involve risks to the subject (or to the embryo or fetus, if the subject is or may become pregnant) that are currently unforeseeable.

3.3.3 Anticipated circumstances under which the subject’s participation may be terminated by the investigator without regard to the subject’s or legally authorized representative‘s consent.

3.3.4 Any additional costs to the subject that may result from participation in the research.

3.3.5 The consequences of a subject's decision to withdraw from the research and procedures for orderly termination of participation by the subject.

3.3.6 A statement that significant new findings developed during the course of the research that may relate to the subject's willingness to continue participation will be provided to the subject.

3.3.7 A statement that the monitor, the auditor, the IRB, and the regulatory authority, such as the FDA, will be granted direct access to the subject's original medical records for verification of clinical trial procedures or data, without violating the confidentiality of the subject, to the extent permitted by the applicable laws and regulations and that, by signing a written consent form, the subject or the subject's legally acceptable representative is authorizing such access.

3.3.8 The approximate number of subject's involved in the study.

3.3.9 A statement that the subject's biospecimens (even if identifiers are removed) may be used for commercial profit and whether the subject will or will not share in this commercial profit;

3.3.10 A statement regarding whether clinically relevant research results, including individual research results, will be disclosed to subjects, and if so, under what conditions; and

3.3.11 For research involving biospecimens, whether the research will (if known) or might include whole genome sequencing (i.e., sequencing of a human germline or somatic specimen with the intent to generate the genome or exome sequence of that specimen).

3.4 **Elements of Broad Consent**

3.4.1 The Revised Common Rule added an element of broad consent for the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens.at 45 CFR 46.116(d).

3.4.2 Broad consent procedures are not being implemented at Hartford HealthCare at this time because (1) the necessary technological infrastructure is not in place to appropriately track and monitor broad consent requirements to ensure regulatory compliance, and (2) federal guidance on broad consent implementation has not been published by the DHHS.

3.5 **Posting of clinical trial consent form**

3.5.1 For each clinical trial conducted or supported by a Federal department or agency, one IRB-approved informed consent form used to enroll subjects must be posted by the awardee or the Federal department or agency component conducting the trial on a publicly available Federal Web site that will be established as a repository for such informed consent forms.

3.5.2 If the Federal department or agency supporting or conducting the clinical trial determines that certain information should not be made publicly available on a Federal Web site (e.g. confidential commercial

information), such Federal department or agency may permit or require redactions to the information posted.

3.5.3 The informed consent form must be posted on the Federal Web site after the clinical trial is closed to recruitment, and no later than 60 days after the last study visit by any subject, as required by the protocol.

3.6 **The Consent <u>Process</u>**

3.6.1 Obtaining informed consent from a potential subject is more than just a signature on a form. The entire informed consent process involves the following;

- Providing the subject with an explanation of the research and adequate opportunity to consider all options
- Responding to the subject's questions and ensuring that the subject has comprehended this information
- Obtaining the subject's voluntary agreement to participate
- Obtaining required signatures and dates
- Continuing to provide information as the subject or situation requires. To be effective, the process should provide ample opportunity for the Investigator and the subject to exchange information and ask questions.

3.6.2 **Explanation of the Research:** Investigators (or IRB approved designees) must use the following steps in order to orient the potential subject to the purpose of the research and why they might wish to participate:

3.6.2.1 **Step One:** The Investigator (or IRB approved designee) must explain the study to the potential subject verbally, providing all pertinent information (purpose, procedures, risks, benefits, alternatives to participation, etc.), and must allow the potential subject ample opportunity to ask questions.

3.6.2.2 **Step Two:** Following this verbal explanation, the potential subject should be provided with a written consent form and afforded sufficient time to consider whether or not to participate in the research. "Sufficient time" can range from hours to days, depending on how long it reasonably takes to evaluate the procedures, risks, potential benefits, and alternative treatments.

3.6.2.3 **Step Three:** After allowing the potential subject time to read the consent form, an Investigator listed on the consent form should be available to answer any additional questions s/he may have.

<u>Note</u>: Designees may consent potential subjects, but the Principal and Co-Investigators listed on the consent form are responsible for ensuring the consent process is completed properly.

3.6.3 **Subject Comprehension Assessment:** The responsibility of ensuring that a potential subject understands the research and the risks and benefits involved falls upon the Investigator and not upon the potential subject.

3.6.3.1 It is critical to the consent process that the Investigator not only field questions but also asks questions. Asking questions can further the discussion, elicit questions from the potential subject, prompt the potential subject to think more carefully about the study, and help the Investigator decide whether the person has adequately understood the study.

3.6.3.2 Useful questions will be open-ended and non-directive. Rather than asking for yes or no answers, ask for an explanation because these questions often can be answered in a variety of ways, and do not already contain the correct answer.

3.6.3.3 Open-ended questions are often introduced with "what," "where," "how often," "when," and "please describe." Examples of open-ended questions are:

- "Just so that I'm sure you understand what is expected of you, would you please explain to me what you think we're asking you to do?"
- "Describe in your own words the purpose of the study."
- "What more would you like to know?"
- "What is the possible benefit to you of participating in this study? What are the possible risks?"
- "Can you describe what the alternatives to participation in this study are?"

3.6.3.4 In contrast, close-ended questions do not further discussion and tend to bring it to a stop, so they should be avoided. Examples of closed-ended questions are:

- "Do you understand?"
- "Do you have any questions?"
- "Do you see that there are some risks to taking this drug?"

3.6.4 **Voluntary Agreement to Participate:** Situations where coercion may exist should be avoided. Potential subjects must be informed that no penalty or loss of benefit will incur should they choose not to participate. Any potential concerns a subject might have should be addressed.

3.7 **Verbal Consent**

3.7.1 In most cases the federal regulations require that informed consent be documented (i.e., signed consent form), but they also provide for some important exceptions. In some circumstances, the IRB may waive the requirement for written consent and allow researchers to obtain verbal consent (see HRPP Policy #120 – “Waivers and Alterations of the Consent Process and Documentation of Consent If the IRB grants this type of waiver, the Investigator should follow the steps below:

3.7.1.1 A waiver of documentation of informed consent must be approved by the IRB in order to obtain verbal consent from potential subjects.

3.7.1.2 The Investigator (or an IRB approved designee), must explain the study to the potential subject verbally, providing all pertinent information (purpose, procedures, risks, benefits, alternatives to

participation, etc.), and must allow the potential subject ample opportunity to ask questions.

3.7.1.3 Following this verbal explanation, the potential subject may be provided with a study information sheet (written summary - if required by the IRB) and must be afforded sufficient time to consider whether or not to participate in the research. "Sufficient time" can range from minutes to hours, dependent on how long it reasonably takes to evaluate the procedures, risks, potential benefits, and potential alternatives.

3.7.1.4 After allowing the potential subject time to read the study information sheet, the Investigator must answer any additional questions the potential subject may have and may obtain verbal agreement to participate in the research.

3.8 **Written Consent - Documentation of Consent:**

3.8.1 Part of the consent process involves providing written information to subjects in an "informed consent document". The purpose of this document is to provide subjects with written information for their future reference, and to document the fact that the process of consent occurred prior to subjects' participation in the research. As part of the overall consent process, the informed consent document;

3.8.1.1 Is typically signed after the investigator has verbally explained the purpose and procedures involved in the study, answered any questions subjects have, and provided additional information (if needed) to allow subjects to make an informed decision;

3.8.1.2 Must be written in language understandable to the subjects and formatted to ensure readability (e.g., large font for elderly subjects);

3.8.1.3 Must include all elements that are required by regulations; the IRB has developed a consent template which should be used by investigators to ensure necessary elements are included;

3.8.1.4 Must include the name of the Principal Investigator at the beginning of the document;

3.8.1.5 In general, must include signature lines with dates for the subject and the person who obtained consent (e.g., the investigator); signature lines for parents, legal guardians, or legally authorized representatives, or for documentation of assent, should be added if appropriate for the study;

3.8.1.6 Must be signed and dated ***before*** data collection begins;

3.8.1.7 Must contain an IRB stamp of approval;

3.8.1.8 Must be the most currently approved consent as indicated by the date on IRB stamp of approval and the valid through date on the signature page of the consent;

3.8.1.9 Must be updated to include any modifications to the study procedures or changes in the level of risk to participants; the IRB may require previously enrolled subjects to sign a new document if increased risks have been identified;

3.8.1.10 Must be reviewed at least once per year at the time of continuing review.

3.8.2 Because the informed consent document serves as documentation of the consent process, the following procedures must be followed;

3.8.2.1 Once an individual has had all his/her questions answered and has agreed to participate in the study, the subject must personally sign **and** date the informed consent form either with a wet signature or in an electronic format.

3.8.2.2 The HIPAA Research Authorization must also be signed **and** dated at the time written consent is obtained.

3.8.2.3 The Investigator (or IRB approved designee) who has oriented and consented the subject also must sign **and** date the consent form at the time consent was obtained.

3.8.2.4 Impartial witnesses (when required—see below) must also sign **and** date the consent form at the time consent was obtained.

3.8.2.5 **The Investigator's signature cannot pre-date the subject's signature.**

3.8.2.6 Subjects must be provided with a copy of the complete informed consent document and HIPAA Authorization for their records.

3.8.2.7 The investigator must keep the original signed copies of the entire document (not just the signature page) as records for at least six years after the study is officially closed with the IRB unless a waiver of documentation of consent is granted by the IRB.

3.8.2.8 Investigators may be asked to provide the IRB with copies of the signed consents and HIPAA's at the time of continuing review.

Note: The subject is not technically enrolled in the study until both the subject and the Investigator have signed the consent and the subject has signed the HIPAA.

3.8.3 **Required Signatures:** The investigator's (or designee's) signature is always required on the consent. Typically the subject will sign the consent themselves. In situations where the subject is a minor (<18 years of age), cognitively or medically incapacitated, part of a vulnerable population or unable to speak English, other people may be asked to

sign the consent on behalf of the subject or in conjunction with the subject.

3.8.3.1 **Legally Authorized Representative Signatures:** If a subject is a minor or the subject is cognitively or medically incapacitated, consent may be provided by the subject's ***legally authorized representative*** (LAR)*. The consent template includes a specific signature line for LAR's. This line must be signed and dated by the LAR at the time consent is obtained. The LAR who signed the consent form must be given a copy of the consent as a reference and reminder of the information conveyed.

3.8.3.2 **Next of Kin Signatures:** The use of a Next of Kin (surrogate) for obtaining consent for minors or subjects who are cognitively or medically incapacitated requires **prior** IRB approval for each study. If the IRB approves the use of next of kin signatures for a particular study, they should only be sought when the subject does not have an LAR. Next of Kin should sign and date the consent at the time of consent on the LAR signature line of the consent. The Next of Kin who signed the consent form must be given a copy of the consent as a reference and reminder of the information conveyed.

3.8.3.3 **Witness Signatures:** In general the IRB does not require that a witness sign the consent. However, the IRB may require this when vulnerable or special classes of participants are involved in the study, the study is very complex in nature, or when the consent process occurs via phone. Per Federal regulation 45 CFR 46.117(b)(2), a witness will be required if a short form written consent has been approved for oral presentation to the participant.

3.8.3.3.1 The IRB may determine what is required to be witnessed and who may serve as the witness.

3.8.3.3.2 The witness must be impartial, such as an adult who is not a member of the study team and who is not a family member of the subject.

3.8.3.3.3 The witness must sign and date the consent form attesting that the requirements for informed consent have been satisfied; that consent is voluntary and freely given by the subject, guardian, or surrogate, without any element of force, fraud, deceit, duress, coercion, or undue influence.

3.8.3.3.4 An impartial witness signature is also required for consenting subjects who are unable to read and write (see below) and for studies where the IRB has approved the use of short form consent.

3.8.3.4 **English-Speaking Subjects Unable to Read and Write:** A person who ***speaks and understands*** English, but does not read and write, can be enrolled in a study by "making their mark" on the English consent document.

3.8.3.4.1 A person who can understand and comprehend spoken English, but is physically unable to talk or write, can be enrolled in a study using an English consent form if they are competent and are able to indicate approval or disapproval by other means. The subject must:

- retain the ability to understand the concepts of the study and evaluate the risk and benefit of being in the study when it is explained verbally, and
- be able to indicate approval or disapproval to study entry.

3.8.3.4.2 The consent form (or research record) should document the method used for communication with the potential subject and the specific means by which the potential subject communicated agreement to participate in the study.

- An impartial witness must be present for the entire consent process and should sign and date the consent document.
- The FDA recommends that the Investigator provide the subject with a video tape recording of the consent process.

Note: English-speaking subjects who are unable to read and write must not be confused with non-English speaking subjects who are able to read and write in another language. A certified translation of the English consent form or a short form must be used to consent non-English speaking subjects.

3.9 Subject Advocates

3.9.1 When a subject population is especially vulnerable, the IRB may require use of an impartial third party to observe the consent process and verify subject comprehension. The advocate is more than a witness, rather an independent monitor charged with protecting a subject's rights.

3.10 Significant New Findings and Re-consent

3.10.1 Obtaining a signature on a consent form does not complete the consent process. Maintaining informed consent requires that subjects be provided with any new information that arises during the course of the study (such as changes to the research plan, change in risk/benefit profile, the results of related research, etc.) that may affect a subject's decision whether or not to continue participation in the study.

3.10.2 When such information arises, the investigator must submit the following to the IRB;

- a modification request containing the revised consent form
- a cover letter that briefly describes what changes have been made since the subjects last provided informed consent.

3.10.3 Examples of when re-consenting is required:

- Change in the risk/benefit profile –
  - New risks identified
  - Increase in risk
  - Decrease in expected benefit
- Significant change in research procedures

The IRB will consider other situations where re-consenting may be required (e.g., change in PI).

3.11 Data Retention After Withdrawal of Consent

3.11.1 For a variety of reasons, a subject enrolled in a research study may decide to withdraw from the research, or an investigator may decide to terminate a subject's participation in research regardless of whether the subject wishes to continue participating.

3.11.2 Subjects have the right to withdraw from (i.e., discontinue participation in) research at anytime (45 CFR 46.116(a)(8)). If a subject decides to withdraw from all components of a research study, the investigator must discontinue all of the following research activities involving that subject's participation in that study (45 CFR 46.116(a)(8)):

3.11.2.1 Interacting or intervening with the subject in order to obtain data about him or her for the research study (e.g., administering an experimental drug, performing a tissue biopsy, drawing blood, exposing the subject to visual stimuli on a computer monitor and measuring response times, orchestrating environmental events or social interactions, or conducting ethnographic interviews with the subject);

3.11.2.2 Obtaining additional identifiable private information about the subject for the research study by collecting or receiving such information from any source (e.g., obtaining additional information from the subject's education records or medical records, or obtaining biological specimens pertaining to the subject that have been or will be obtained for clinical purposes and stored in a hospital's pathology department or clinical laboratory); and

3.11.2.3 Obtaining additional identifiable private information about the subject for the research study by observing or recording private behavior without interacting or intervening with the subject (e.g., recording mother-infant interactions in the home environment using video cameras or monitoring messages posted on an internet forum that is password-protected and accessed by invitation only).

3.11.3 FDA law and regulations recognizes, however, that a complete and accurate risk/benefit profile of an investigational product depends upon the data from every subject's experience in the clinical trial. Data collected on study subjects up to the time of withdrawal must remain in the trial database in order for the study to be scientifically valid. If a subject withdraws from a study, removal of already collected data would undermine the scientific, and therefore the ethical, integrity of the

research. Such removal of data could also put enrolled subjects, future subjects, and eventual users of marketed products at an unreasonable risk. Finally, removal of data would fundamentally compromise FDA's ability to perform its mission, to protect public health and safety by ensuring the safety and effectiveness of regulated products.

3.11.4 Likewise, OHRP has clarified that when a subject informs an investigator of his or her decision to withdraw from the research, or an investigator decides to terminate a subject's participation regardless of the subject's consent, the regulations at 45 CFR part 46 allow the investigator to retain and analyze already collected data relating to that subject that has already been obtained and recorded by the investigator, even if that data includes identifiable private information about the subject.

3.11.5 The HHC IRB recommends that when seeking the informed consent of subjects, investigators explain whether already collected data about the subjects will be retained and analyzed even if the subjects choose to withdraw from the research. Including this explanation would better inform subjects about what it means that they may "discontinue participation at any time" (45 CFR 46.116(a)(8)).

3.11.6 Sometimes, a subject wants to withdraw from the primary interventional component of a study, but is willing to allow the investigator to continue other research activities described in the IRB-approved protocol and informed consent document that involve participation of the subject. When a subject's withdrawal request is limited to discontinuation of the primary interventional component of a research study, research activities involving other types of participation for which the subject previously gave consent may continue.

3.11.7 The HHC IRB recommends that investigators document the withdrawal of a subject for a research study

3.11.7.1 For research in which it is determined to be appropriate to document the withdrawal of a subject, such documentation could specify:

3.11.7.1.1 Whether the withdrawal of the subject resulted from a decision by the subject or by the investigator, and the reasons for the withdrawal, if known; and

3.11.7.1.2 Whether the withdrawal was from all components of the research study or just the primary interventional component.

4.0 **Guidance:**

4.1 **Obtaining Consent is a Process:** Obtaining consent from potential subjects should be an educational process that takes place between the investigator and research subject prior to participation and throughout the study. A complete consent process should involve giving potential subjects verbal and written information about the study and allowing sufficient time to consider their options and ask questions about the study before making a decision. Any new information that might affect their willingness to continue as a subject should be shared throughout the course of the study.

4.2 **Consent Must be Given Freely:** The decision to participate in research should always be voluntary and investigators should take steps to minimize coercion. Consent is a legal concept—only legally competent adults can consent to participate in a study. Children (individuals legally deemed to be a minor) or adults who are not competent (e.g. cognitively impaired persons) must *assent* (affirmatively agree) to participate, but *consent* must be obtained from a parent or legally authorized representative. Provisions must be made in the consent process to obtain both consent, and independent, non-coerced assent when subjects are not legally competent adults. In cases where subjects cannot give assent (e.g., very young children or significantly cognitively impaired persons), the IRB can approve a research protocol that does not include obtaining assent (see policy on Assent).

If either consent or assent is refused, the subject should not be enrolled in the study.

4.3 **Consent Must be Based on Understanding:** Information related to the study must be provided to subjects in a manner that they can understand. This manner will differ based upon the population being studied. For example, subjects who do not speak English must be provided information in a language they understand. A verbal explanation should be given to subjects who cannot read or have limited reading ability. The information must be presented in language that is understandable to a lay person. Scientific jargon is typically inappropriate; ordinary language is better. Documents given to adult or older teenaged subjects should be written at the 6th grade reading level; simpler explanations should be provided to younger children.

4.4 **Consent Must be Active:** Passive consent where subjects are assumed to have agreed to consent in the absence of a response is not supported in the regulations and cannot be approved by the IRB as a valid consent process unless a waiver of consent is requested and approved (see policy on waiver of documentation of informed consent).

4.5 **Common Problems with the Consent Process:**

4.5.1 Subjects are given the consent document to sign with little or no interaction with investigators or little or no time to consider participation or ask questions — remember, informed consent is a process, not just a document!

4.5.2 The consent process does not follow the IRB approved procedures.

4.5.3 Subjects are enrolled prior to obtaining consent or assent, or a "passive consent" method is used — active, affirmative consent and assent (if applicable) must be obtained prior to enrollment of the subject in the study.

4.5.4 Consent documents are not signed by participants — unless a waiver of documentation is granted, consent documents must be signed.

4.5.5 Consent documents are not dated by participants.

4.5.6 Consent documents are not signed by investigators (or designees).

4.5.7 Consent documents are not dated by investigators (or designees).

4.5.8 Subjects, investigators (or designees) sign on the wrong signature line.

4.5.9 Research staff who are not listed as approved designees with the IRB, obtain consent from subjects. — Before a designee consents research subjects the PI must notify the IRB and the designee must complete all required human subjects training (See policy on CITI training).

4.5.10 Next of Kin are used to consent subjects without obtaining prior approval from the IRB

4.5.11 Subjects are not given a copy of the complete document for their records subjects

4.5.12 Investigators do not retain the complete signed documents for three years

time — regulations require that consent documents be retained for three years following the close of the study.

4.6 **Common Problems with the Consent <u>Document</u>:**

4.6.1 It includes scientific or technical terms or jargon that subjects do not understand—be sure to use clear, ordinary terms that a lay person will understand.

4.6.2 It does not include a complete or clear explanation of study procedures, possible risks, the voluntary nature of participation, or other required elements—be sure to include all required elements and complete explanations for each.

4.6.3 It is written at a reading level that is too high for most subjects—documents should be written at no higher than an 6th grade reading level (most word processing programs can determine readability levels).

4.6.4 It is difficult to read—font size should be at least 11 point (much larger if subjects are likely to have vision problems); logical headings, subheadings, and sufficient white space should be utilized to ensure readability.

4.6.5 It includes unnecessary signature lines (e.g. parent/guardian signature line included when subjects are not minors; signature lines are included when a waiver of documentation of consent has been granted)—include only the signature lines that are appropriate for your study.

4.6.6 It is inconsistent with the procedures discussed in the protocol) - be sure that the methods and procedures described in the consent document accurately reflect the study and are consistent with the methods and procedures described in the Human Subjects Review form.

5.0 Documentation:

5.1 The HHC HRPP office will maintain all records related to the implementation of this policy, electronic communications, and notifications to investigators, funding or regulatory agencies, etc.

5.2 Records will be archived for a period of at least six (6) years following the termination or completion of the research activities.

6.0 References:

6.1 45 CFR 46.109(b), 45 CFR 46.109(e), 45 CFR 46.111(a)(4), 45 CFR 46.116, 45 CFR 46.117

6.2 21 CFR 50.20, 21 CFR 56.109(b), 21 CFR 56.109(f), 21 CFR 56.111(a)(4), 21 CFR 50.25(a), 21 CFR 50.25(b), 21 CFR 50.27(a), 21 CFR 50.27(b), 21 CFR 56.111(a)(5)

6.3 ICH-GCP: 2.9, 3.1.5, 3.1.9, 4.3.4, 4.8.1-4.8.11

6.4 Informed Consent, Legally Effective and Prospectively Obtained (OPRR Letter, 1993)

6.5 Exculpatory Language in Informed Consent Documents: Examples of Acceptable and Unacceptable Language (OPRR Letter, 1996)

6.6 Informed Consent: Obtaining and Documenting Informed Consent of Non-English Speakers (OPRR Memo, 1995)

6.7 OHRP Informed Consent Frequently Asked Questions (http://answers.hhs.gov/ohrp/categories/1566)

6.8 OHRP Tips on Informed Consent (http://www.hhs.gov/ohrp/policy/ictips.html)

6.9 OHRP Guidance on Withdrawal of Subjects from Research: Data Retention and Other Related Issues (September 21, 2010)

6.10 U.S. Office for Human Research Protections' (OHRP, formerly OPRR) *Protecting Human Research Subjects Guidebook (1993)*. (http://www.hhs.gov/ohrp/archive/irb/irb_chapter3.htm)

6.11 FDA Information Sheets-A Guide to Informed Consent (http://www.fda.gov/RegulatoryInformation/Guidances/ucm126431.htm)

6.12 FDA Guidance - Data Retention When Subjects Withdraw from FDA-Regulated Clinical Trials (October 2008)

6.13 The Agency for Healthcare Research and Quality (AHRQ) Informed Consent and Authorization Toolkit for Minimal Risk Research - AHRQ Publication No. 09-0089-EF; Current as of September 2009 (http://www.ahrq.gov/fund/informedconsent/)

7.0 **Revision History:**

Rev #	Initials	Effective Date	Description of Change(s)
01	PMJ	7/1/11	Conversion to new policy template; significant expansion of policy
02	CLB	7/22/15	Insertion of several informed consent document requirements applicable to ICH-GCP (E6)
03	CLB	3/15/20	Significant revision based on Revised Common Rule

Elements II.3.F. and III.1.F.