

## Section 4. Informed Consent

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4.	INTRODUCTION .....	4-1
4.1	Overview of Informed Consent Requirements and Procedures .....	4-1
4.2	Site-Specific Informed Consent Forms .....	4-2
4.3	SOP for Obtaining Informed Consent .....	4-2
4.4	Informed Consent for Screening and Enrollment .....	4-3
4.4.1	Informed Consent Procedures for Illiterate Participants .....	4-3
4.5	Comprehension Assessment .....	4-4
4.5.1	Comprehension Assessment Checklist .....	4-4
4.5.2	Documenting the Comprehension Assessment .....	4-5
4.6	Documenting the Informed Consent Process .....	4-5

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### 4. Introduction

This section provides information on informed consent procedures for MTN-032. MTN-032 utilizes unique/separate study informed consent forms (a Screening and Enrollment informed consent form) for each Phase. MTN-032 utilizes a separate informed consent form (a Screening and Enrollment informed consent form) for male partners of HOPE participants for Phase 2. Note that any participants who provided written informed consent for Phase 1 must still provide written informed consent for Phase 2.

Depending on IRB/EC requirements, sites may choose to use separate screening and enrollment informed consent forms; however, if this is done, all required elements of the informed consent must be contained on the forms.

#### 4.1 Overview of Informed Consent Requirements and Procedures

Informed consent is a process by which an individual voluntarily expresses their willingness to participate in research, after having been informed of all aspects of the research that are relevant to their decision. Informed consent is rooted in the ethical principle of respect for persons. It is not merely a form or a signature, but a process, involving information exchange, comprehension, voluntariness, and documentation. Each of these aspects of the process is described in greater detail below. Please refer to Section 4.8 of the *International Conference on Harmonization (ICH) Consolidated Guidance for Good Clinical Practice (GCP)* and the informed consent section of the DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials* for further guidance on the informed consent process and documentation requirements.

US regulations (45 CFR 46.116) specify the elements of informed consent that must be conveyed to research participants through the informed consent process. It is the responsibility of the Investigator of Record (IoR), and all delegated study staff involved in the informed consent process, to deliver all required information to potential study participants.

Based on the technical and regulatory reviews that are completed as part of the MTN protocol development and study activation processes, there is adequate assurance that once the MTN LOC (FHI 360) has activated a site for study implementation, site-specific informed consent forms specify all information required by the regulations. However, responsibility for informed consent does not end with preparation of an adequate informed consent form. It is the responsibility of the IoR and designated study staff to perform the following:

- Deliver all required information in a manner that is understandable to potential study participants
- Assure that informed consent is obtained in a setting free of coercion and undue influence
- Confirm that the participant comprehends the information
- Document each step of the process

#### 4.2 Site-Specific Informed Consent Forms

Sample informed consent forms (ICFs) are provided in the MTN-032 study protocol. Sites are responsible for adapting the samples as needed for local use. Local adaptation may include reformatting the consent forms in accordance with local IRB/EC requirements. Sites are responsible for following the procedures in the MTN Manual of Operational Procedures (MOP) and the DAIDS Protocol Registration Manual when adapting site-specific ICFs. All must be reviewed and approved by MTN LOC (FHI 360) prior to IRB/EC submission. After regulatory approval is obtained, the approved ICF must be submitted to the DAIDS Protocol Registration Office (DAIDS PRO) prior to its initial use.

Each site is responsible for preparing bulk supplies of their approved ICFs and only using the currently approved versions of the ICFs at all times during the study. It is recommended that all sites consider the use of color-coding or other techniques to ensure that the various study informed consent forms are easily distinguished and used appropriately. A system for tracking version control and approvals the ICF is also recommended. Upon receiving final IRB/EC and any other applicable regulatory approval(s) for an amendment to the informed consent form, sites should implement the consent form immediately and submit the updated version to DAIDS PRO per the timelines outlined in the protocol registration manual.

#### 4.3 SOP for Obtaining Informed Consent

As a condition for study activation, each site must establish an SOP for obtaining informed consent from potential study participants. At each site, the informed consent process will be conducted according to site SOPs. This SOP should minimally contain the elements listed below.

- The minimum legal age to provide independent informed consent for research at the study site
- Procedures for determining participant identity and age
- Procedures for determining participant literacy.
- Procedures for providing all information required for informed consent to the participant
- Procedures for determining participant comprehension of the required information
- Procedures to ensure that informed consent is obtained in a setting free of coercion and undue influence
- Procedures for documenting the informed consent process
- Procedures for conducting part of the informed consent process within a group setting
- Storage locations for blank informed consent forms
- Storage locations for completed informed consent forms
- Procedures (e.g., color-coding) to ensure that different versions of the study informed consent forms are easily distinguished and used appropriately
- Procedures for implementing a change in the version of the informed consent form used
- Staff training requirements
- Staff responsibilities for all of the above (direct and supervisory)

- QC/QA procedures related to the above (if not specified elsewhere)

#### **4.4 Informed Consent for Screening and Enrollment**

Informed consent must be obtained before performing any “on-study” procedures at the Screening and Enrollment Visit. For participants who do not consent to study participation, no procedures should be performed and no data that can be linked to their name or other personal identifier(s) should be recorded.

##### **4.4.1 Informed Consent Procedures for Illiterate Participants**




Illiterate participants can be consented and enrolled in MTN-032, providing they are otherwise willing and eligible and if independent consent is ensured. Site SOPs must outline the process for assessing participants for literacy and how independent consent is ensured for participants who are not literate. If the participant is illiterate (not able to read), an impartial literate witness who speaks the language of the participant must be present during the entire informed consent process/discussion with the participant. ICH GCP guidance identifies an “impartial” witness as a person who is independent of the study, who cannot be unfairly influenced by people involved with the study. The MTN CORE has received guidance from the US Food and Drug Administration’s GCP office stating that the witness need not be “totally unaffiliated with the study.” It may be possible, for example, to designate a “subject advocate.” The site SOP for obtaining informed consent should define who may serve as the witness to the informed consent process.

When a witness is present during the informed consent process, care should be taken to minimize the perception of coercion due to the presence of the witness. For example, the purpose of having the witness present should be clearly explained to the participant, with emphasis on the fact that the witness is there as a protection for the participant, not as an agent of the study per se.

This witness must sign and date the informed consent form to attest that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant, in the participant’s language of fluency, and that informed consent was freely given by the participant. The participant’s printed name, signature, and signature date lines on the informed consent form should be completed as described and illustrated in Figure 4-1 below. Following these procedures fulfills the protocol requirement for obtaining written informed consent from all study participants.

**Figure 4-1  
Informed Consent Form Signature Lines for Illiterate Participants**

- Unless other conventions that have been endorsed by DAIDS are specified in site SOPs, the study staff member who completes the informed consent process/discussion with the participant should print the participant’s name and date of informed consent below the “participant’s printed name” and “date” line, respectively, together with a signed and dated note documenting the name of the person who made the entry and the date of the entry.
- The participant should add his or her fingerprint or make his or her mark above the “participant’s signature” line.
- The witness will print, sign, and date in the section designated for “Witness”

<b>SIGNATURES</b>		
		
Participant Name <b>Mary Phiri</b>	Participant Signature	Date <b>25 NOV 2009</b>
<i>Participant name and date written by Martha Moore. MM 25 NOV 09</i>		
<b>Martha Moore</b>		<b>25 NOV 2009</b>
Name of Staff Person Conducting Consent Discussion	Study Staff Signature	Date
<b>Debra Ross</b>		<b>25 NOV 2009</b>
Witness Name	Witness Signature	Date

**4.5 Comprehension Assessment**

The participant must not sign the informed consent form until he or she fully understands the information contained in the informed consent, including visit procedures. Site SOPs should explain the procedures that study staff members are responsible for implementing to ensure that each participant understands the screening and enrollment process, and the study prior to signing the study informed consent form, respectively, and undertaking any study procedures.

A comprehension assessment should be conducted and documented prior to a participant signing the informed consent form. This assessment should occur after the participant has completed the informed consent discussion described above and before he or she is asked to sign the informed consent form. It is expected that study staff administering the informed consent and assessing comprehension will be sufficiently knowledgeable about MTN-032 to make good judgments about the potential participants’ understanding of the required information.

**4.5.1 Comprehension Assessment Checklist**

Comprehension assessment checklists are available the Study Implementation Materials section of the MTN-032 webpage. Sites may use these tools as provided, or may choose to adapt for their local use.

The comprehension assessment checklists are structured around open-ended questions that correspond with the required elements of informed consent for research. Each question should be read to potential participants, giving them time to respond to each one. Each question should be satisfactorily answered by the participant before moving to the next question. For each question, the checklists specify particular points that must eventually be included in the participant's response. These are identified on the tools as "Required Points of Comprehension."

Regardless of the method used to assess comprehension, if the assessment results indicate misunderstanding of any aspect of the study, site staff should review those aspects again until the participant fully understands them. Site staff should ensure and document 100% understanding prior to the participant providing written informed consent.

If, after all possible efforts are exhausted, the participant is not able to demonstrate adequate understanding of the study, do not ask him or her to sign the informed consent form to screen/enroll in the study. Similarly, if the participant has concerns about possible adverse impacts if they were to take part in the study, or indicates that they may have difficulty adhering to the study requirements, do not ask them to sign the informed consent form to screen/enroll in the study.

#### 4.5.2 Documenting the Comprehension Assessment

The comprehension assessment checklists are considered study source documents that should be completed, handled, and retained in the participant's study file like any other source document. After administering the assessment tool, study staff should carefully review the form to verify that all required points have been satisfactorily addressed by the participant and that this is adequately documented. Consideration should be given to having two study staff members complete this verification because failure to document comprehension of all required points will be considered an informed consent process protocol deviation.

Comments may be recorded in a designated area on the form (and on the back of the form if additional space is needed) or on an informed consent coversheet (refer to section 4.7 below); however, this is not required. All required points must be satisfactorily addressed by the participant, before proceeding to the final informed consent decision and signing of the informed consent form (s).

After the informed consent process is completed, the final outcome of the process should be recorded directly on the assessment tool (or in a chart note) and the staff member who completed the checklist should ensure his or her signature is recorded in the space provided.

All comprehension assessment tools should be submitted to local IRB/ECs for approval prior to use. Detailed instructions for use of all comprehension tools must be specified in the site SOP for obtaining informed consent.

#### 4.6 Documenting the Informed Consent Process

U.S. FDA regulations and ICH E6 guidelines require that informed consent be documented by "the use of a written informed consent form approved by the IRB/EC and signed and dated by the subject or the subject's legally authorized representative at the time of consent."

To fulfill this requirement, complete all signature and date lines on the informed consent form in dark ink. Legal names should be used. Fabricated/falsified names should not be used on this form. Initials may not be used in place of a participant's full surname, and it is strongly recommended that initials not be used in place of a participant's full first name. However, if a participant commonly signs their name using an initial for their first name, the initial may be used, provided this practice is acceptable per the policies of the study site institution(s).

**The DAIDS policy on Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials** lists detailed requirements and suggestions for documenting the informed consent process. All requirements listed in the DAIDS policy must be met. In order to also meet some of the suggestions listed in the DAIDS policy, site staff are strongly encouraged to use an Informed Consent Coversheet similar to the sample included on the MTN-032 webpage under Study Implementation Materials. Sites choosing to use a coversheet should list the coversheet as a source document in their SOPs for source documentation for MTN-032 and should use the coversheet consistently to document all informed consent processes with all participants. The first half of the coversheet (items up to and including “Start time of informed consent discussion”) should be completed at the start of the IC session. The remainder should be completed at the end of the informed consent session. If a site chooses not to utilize the Informed Consent Coversheet, all elements of each informed consent process must be documented in detail in a signed and dated chart note.

It is essential that all informed consent documentation (e.g., the informed consent form, the coversheet) document that informed consent was obtained before any study procedures were conducted.

Regulations require that participants be given a signed copy of the informed consent forms. If a participant opts not to receive a copy, document this on the cover sheet or chart note and offer the participant an alternate form of study contact information (e.g., a contact card or appointment card) in lieu of the full informed consent form.