5.0 Obtaining Informed Consent from Research Subjects

5.1 Policy

No investigator conducting research at Pennington Biomedical Research Center may involve a human subject in research without obtaining the legally effective informed consent of the subject or the subject’s legally authorized representative unless a waiver of consent has been approved by the IRB in accordance with section 5.9 of these procedures. Except as provided in section 5.9, informed consent must be documented by the use of a written consent form approved by the IRB (see section 5.7).

The IRB will evaluate both the consent process and the procedures for documenting informed consent to ensure that adequate informed consent is obtained from subjects.

The following procedures describe the requirements for obtaining consent from subjects in research at Pennington Biomedical Research Center.

Regulations & Guidance: DHHS 45 CFR §46.116; FDA 21 CFR §50.20

5.2 Basic Requirements

Informed consent must be obtained by the investigator (or properly trained designee) prior to entering or enrolling a subject into an IRB approved study and/or conducting any study related procedures required by the protocol, unless consent is waived by the IRB.

If someone other than the investigator conducts the interview and obtains consent from patient subject, the investigator needs to formally delegate this responsibility, and the person so delegated must have received appropriate training to perform this activity. The person so delegated must be knowledgeable about the research to be conducted and the consenting process, and must be able to answer questions about the study.

These informed consent requirements are not intended to preempt any applicable federal, state or local laws that require additional information to be disclosed for informed consent to be legally effective.

All consents under the purview of Pennington Biomedical Research Center IRB must be on the Pennington Biomedical Research Center consent template format located on the HRPP website. Sample or draft consent documents may be developed by a sponsor or cooperative study group; however, they must be in the Pennington Biomedical Research Center consent template.

5.3 Securing and Documenting Informed Consent

An investigator is required to obtain legally effective informed consent from a subject or the subject’s legally authorized representative. DHHS 45 CFR §46.177; FDA 21 CFR §50.20

When informed consent is required, it must be sought prospectively, and properly documented according to legal and regulatory requirements. DHHS 45 CFR §46.117; FDA 21 CFR §50.20

The requirement to obtain the legally effective informed consent of individuals before involving them in research is one of the central protections provided for by the federal regulations and the IRB Office.

The informed consent process involves three key features:

• Disclosing to the prospective human subject information needed to make an informed decision
• Facilitating the understanding of what has been disclosed
• Promoting the voluntariness of the decision about whether or not to participate in the research.

Informed consent is more than just a signature on a form. It is a process of information exchange to include reading and signing the informed consent document. The informed consent process is the critical communication link between the prospective human subject and an investigator, beginning with the initial approach of an investigator and continuing through the completion of the research study. Investigators must have received the appropriate training and be knowledgeable about the study protocol in order that they may answer questions to help provide understanding to the study subject or potential study subject. The exchange of information between the investigator and study subject can occur via one or more of the following modes of communication, among others; face to face contact, mail; telephone; or fax however obtaining informed consent must be obtained face to face between the investigator or trained staff eligible to consent subjects and the potential study subject.

5.4 Informed Consent Process

Informed consent must be obtained under the following circumstances:

• Informed consent may only be obtained from subjects who have the legal and mental capacity to give consent. For subjects without that capacity, consent must be obtained from a legally authorized representative.
• The informed consent process shall be sought under circumstances that provide the subject (or legally authorized representative) with sufficient opportunity to consider whether or not to participate.
• The informed consent process shall be sought under circumstances that minimize the possibility of coercion or undue influence. Coercion occurs when an overt or implicit threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast often occurs through an offer of an excessive or inappropriate reward or overture in order to obtain compliance.

• The informed consent information must be presented in language that is understandable to the subject (or legally authorized representative). To the extent possible, the language should be understandable by a person who is educated to 8th grade level and layman’s terms shall be used in the description of the research.

• For subjects whose native language is not English, informed consent must be obtained in a language that is understandable to the subject (or legally authorized representative). In accordance with this policy, the IRB requires that informed consent conferences include a qualified translator when the prospective subject does not understand the language of the person who is obtaining consent.

• After the written informed consent form and any other written information to be provided to participants, is read and explained to the participant or the participant’s legally authorized representative, and after the participant or the participant’s legally authorized representative has orally consented to the participant’s participation in the trial and, if capable of doing so, has signed and personally dated the informed consent form, the person administering the consent should sign and personally date the consent form.

• By signing the consent form, the person administering the consent attests that the information in the consent form and any other written information was accurately explained to, and apparently understood by, the participant or the participant's legally authorized representative, and that informed consent was freely given by the participant or the participant’s legally authorized representative.

• In accordance with the American Disabilities Act, Pennington Biomedical Research Center will provide any assistance in to any subject with a disability. For hearing impaired subjects Pennington Biomedical will provide hearing impaired equipment or a translator. For subjects with a visual impairment an impartial witness must be present during the informed consent process if the patient does not have a legally authorized representative.

• For subjects that are illiterate, an impartial witness to the subject will sign as a reader unless the subjects legally authorized representative is present.

• The informed consent process may not include any exculpatory language through which the subject is made to waive, or appear to waive any of the subject’s legal rights or through which the Investigator, the Sponsor, the Institution or Pennington employees or institutional agents are released from liability for negligence, or appear to be so released. DHHS 45 CFR §46.116; FDA 21 CFR §50.20
The investigator is ultimately responsible for ensuring that each prospective subject is adequately informed about all aspects of the research and understands the information provided. However, the IRB office, the research investigators and the research staff all share in the responsibility of ensuring that the informed consent process is adequate.

Federal regulations do not specify how far in advance of study entry a subject can provide consent. The amount of time required by a subject to make a decision would presumably depend upon the nature of the study, taking into consideration the degree of risk, potential benefits, alternatives, and desire to consult with family. For the sake of clarification, consents are current for 30 days but it may be prudent to review information contained in the consent document with the research subject prior to initiating any research procedures.


5.5 Basic Elements of Informed Consent

To be valid, the consent process must provide the following basic elements of information to potential subjects, which includes:

- 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 which are experimental and done for research purposes; a description of any reasonably foreseeable risks or discomforts to the subject including privacy risks (legal, employment, etc.).
- A description 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, that might be advantageous to the subject.
- A statement describing the extent, if any, to which confidentiality of records identifying the subject must be maintained.
- For research involving more than minimal risk, an explanation as to the availability of medical treatment in the case of research related injury, including who will pay for the treatment and whether other financial compensation is available.
- An explanation of whom to contact on the research team for answers to pertinent questions about the research or to voice concerns or complaints about the research, and whom to contact in the event of a research-related injury to the subject.
• Contact information for the IRB to obtain answers to questions about the research; to voice concerns or complaints about the research; to obtain answers to questions about their rights as a research subject; in the event the research staff could not be reached; and in the event the subject wishes to talk to someone other than the research staff.
• A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

Regulations & Guidance: DHHS 45 CFR §46.116(a); FDA 21 CFR §50.25(a); OHRP Guidance on Exculpatory Language in Informed Consents; FDA Information Sheets: A Guide to Informed Consents; Consent Template found on the HRPP website

5.6 Additional Elements of Informed Consent to be applied, as appropriate:

Additional situational-specific elements that an informed consent should include are:
• A statement that the particular treatment or procedure may involve risks to the subject, which are currently unforeseeable. (e.g., include when the research involves procedures in which the risks to subjects are not well known).
• A statement that if the subject is or becomes pregnant, the particular treatment or procedure may involve risks to the embryo or fetus, which are currently unforeseeable (e.g., include when the research involves pregnant women or women of childbearing potential and the risk to fetuses of the drugs, devices, or other procedures involved in the research is not well known).
• Anticipated circumstances under which the subject’s participation may be terminated by the Investigator without regard to the subject’s consent.
• Any additional costs to the subject that may result from participation in the research;
• The consequences of a subject’s decision to withdraw from the research (e.g., include when withdrawal from the research is associated with adverse consequences).
• 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 (e.g., include when the research is long term and interim information is likely to be developed during the conduct of the research).
• The approximate number of subjects involved in the study (e.g., include when the research involves more than minimal risk).
• Use of a written translation of the entire IRB approved English consent form is required for subjects who do not speak English and where researchers can reasonably expect that more than an incidental number of subjects speaking the
same non-English language will be enrolled (e.g., if the Investigator is targeting a non-English speaking group). The IRB must approve all translated versions of the consent form and recommends that the translation is done by a certified translator. However, the IRB will consider, on a case-by-case basis, allowing other translators to perform this function with verification that the translation is an accurate and acceptable presentation of the entire English version.

- For research regulated by FDA:
  - A statement that informs the subject of the possibility that FDA may inspect the records.
  - For applicable clinical trials, the following statement notifying the subject that clinical trial information has been or will be submitted for inclusion in the clinical trial registry databank: “A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. law. This website will not identify you. At most, the website will include a summary of the results. You can search this website at any time.”

- Investigational New Drug Application (IND) submitted to FDA is not required to contain a copy of the consent document. For significant risk devices, the consent document is considered to be a part of the investigational plan in the application for an Investigational Device Exemption (IDE). Any substantive changes to the document made by an IRB must be submitted to the FDA (by the sponsor) for review and approval.

  Regulations & Guidance: DHHS 45 CFR §46.116(b); FDA 21 CFR §50.25(b)

5.7 Documentation of Informed Consent

Except as provided in section 5.9, informed consent must be documented by the use of a written consent form approved by the IRB and signed and dated by the subject or the subject’s legally authorized representative at the time of consent.

The informed consent process must also be conducted and consent obtained in person in addition to reading and signing the informed consent document. Pennington Biomedical does not allow for obtaining informed consent over the phone or mail to ensure subject understanding and to allow for question/answer sessions. In addition to signing the consent document, the subject or representative should enter the date of signature on the consent document to permit verification that consent was actually obtained before the subject began participation in the study. If the consent is obtained on the same day as the subject’s involvement in the study begins, the subject’s medical records/source documentation should document that consent was obtained prior to participation in the study. Participants or participant’s legally authorized representative should be given adequate time to read the consent document before it is signed. A copy of the consent document should be provided to the subject, a copy placed on all of
the appropriate records, and the original signed consent document should be retained in the study records. It is not required that the subject’s copy be a signed copy, although a photocopy with a signature is strongly preferred.

At this time Pennington Biomedical Research Center does not permit the informed consent documentation use of a “short form”.

5.8 Continued Use of Data Following Withdrawal or Termination

- When a research participant voluntarily withdraws from a research study, or whose participation is terminated by the researcher, data gathered from or about the participant prior to the withdrawal or termination may be retained and utilized by the researcher. The consent process and consent documentation should clearly indicate what withdrawal or termination entails regarding continued use of data. If a participant requests that his/her data not be used, the researcher should remove that participant’s data from the data set to the extent feasible.
- The researcher should clarify whether a participant is requesting to discontinue all types of participation in that study, or just participation that involves specific interventions or interactions. Similarly, if only some of an individual’s participation needs to be terminated by the researcher, the researcher should ask about the participant’s willingness to continue in other research activities for that study.

5.8.1 FDA Regulated Studies

It is the FDA policy that participant data collected up to the time of withdrawal must remain in the data set in order for the study to be scientifically valid.

5.9 Consent Monitoring

In reviewing the adequacy of informed consent procedures for proposed research, the IRB may on occasion determine that special monitoring of the consent process by an impartial observer (consent monitor) is required in order to reduce the possibility of coercion and undue influence, ensure that the approved consent process is being followed, or ensure that subjects are truly giving informed consent.

Such monitoring may be particularly warranted for: high risk studies; studies that involve particularly complicated procedures or interventions; studies involving highly vulnerable populations (e.g., children); studies involving study staff with minimal risk experience in administering consent to potential study subjects, or other situations when the IRB has concerns that consent process is not being conducted appropriately.

Monitoring may also be appropriate as a corrective action where the IRB has identified problems associated with a particular Investigator or a research project.
If the IRB determines that consent monitoring is required, the IRB Chair will develop a monitoring plan and submit it to the IRB for approval. The consent monitoring may be conducted by IRB staff, IRB members or another party, either affiliated or not with the institution. The investigator will be notified of the IRB determination and the reasons for the determination. Arrangements will be made with the investigator for the monitoring of the consent process for a specified number of subjects. When observing the consent process, the monitor will determine:

- Whether the informed consent process was appropriately completed and documented;
- Whether the subject had sufficient time to consider study participation;
- Whether the consent process involved coercion or undue influence;
- Whether the information was accurate and conveyed in understandable language; and
- Whether the subject appeared to understand the information and gave their voluntary consent.

Following the monitoring, a report of the findings will be submitted to the IRB, which will determine the appropriate action to be taken.

5.10 Waiver of the Consent Process

An IRB may approve a consent procedure that does not include, or that alters, some or all of the elements of informed consent set forth above; or waive the requirements to obtain informed consent, provided the IRB finds and documents that:

- The research involves no more than minimal risk tangible or intangible risk to the subjects;
- The waiver or alteration will not adversely affect the rights and welfare of the subjects;
- The research could not practicably be carried out without the waiver or alteration; and whenever appropriate, the subjects must be provided with additional pertinent information after participation.

In addition, an IRB may approve a consent procedure that does not include, or that alters, some or all of the elements of informed consent; or waive the requirements to obtain informed consent, provided the IRB finds and documents that the research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine:

- Public benefit or service programs;
- Procedures for obtaining benefits or services under those programs;
- Possible changes in or alternatives to those programs or procedures; or
• Possible changes in methods or levels of payment for benefits or services under those programs.

Regulations & Guidance: DHHS 45 CFR §46.116(c)-(d); FDA 21 CFR §50.23

5.11 Waiver of Documentation of Informed Consent

The IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either that the:

• only record linking the subject and the research would be the consent document and the principle risk would be potential harm resulting from a breach of confidentiality;¹,² or

• the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context. Procedures such as non-sensitive surveys, questionnaires and interviews generally do not require written consent when conducted by non-researchers.

In cases in which the documentation requirement is waived, the IRB requires the investigator to provide in the application materials a written summary of the information to be communicated to the subject; the IRB will consider whether to require the investigator to provide subjects with a written statement regarding the research.

The IRB Chair or primary reviewer will complete a review of the request for waiver of informed consent. In addition, the IRB minutes will document required determination regarding waiver of requirements for written documentation of informed consent. The minutes also will document the protocol specific findings justifying the requirements.

¹ Subjects must be asked whether they want documentation linking them with the research, and their wishes must govern.

² In order to waive written documentation of consent where the only record linking the subject and the research would be the consent document, the IRB has to determine that the research was not FDA-regulated.