1 PURPOSE

1.1 This procedure establishes the process to obtain informed consent from subjects, the legally authorized representatives of adults unable to consent, or the parents or guardians of children.

1.2 The process begins when an individual identifies a subject as a potential candidate for a research study.

1.3 The process ends when a subject or the subject’s legally authorized representative provides legally effective informed consent or declines to do so.

2 REVISIONS FROM PREVIOUS VERSION

2.1 None

2.2 Removed the requirement for IRB approval of non-English speaking subjects; added requirement for investigators to assess potential subject’s comprehension of the information in the consent document.

3 GUIDING PRINCIPLES

3.1 In this procedure “investigator” means a principal investigator or an individual authorized by the principal investigator and approved by the IRB to obtain informed consent for the specific protocol, such as a co-investigator, research assistant, or coordinator.

3.2 In this procedure “subject/representative” means:

3.2.1 The subject when the subject is an adult capable of providing consent.

3.2.2 Legally authorized representative when the subject is an adult unable to give consent.

3.2.3 One or both biologic or adoptive parents when the subject is a child or in the absence of a parent a person other than a parent authorized under applicable law to consent on behalf of the child to general medical care.

3.3 If the subject/representative understands more than one language, whenever possible, conduct the consent process in the preferred language of the subject/representative.

3.4 If the subject is an adult unable to consent:

3.4.1 The IRB must have specifically approved the protocol to allow the enrollment of adults unable to consent.

3.4.2 Permission is obtained from a legally authorized representative.

3.4.3 A legally authorized representative must be in the class or persons approved by institutional SOP or the IRB. See “SOP: Legally Authorized Representatives, Children, and Guardians (HRP-013).”

3.5 If the subject is a child:

3.5.1 The IRB must have specifically approved the protocol to allow the enrollment of children.

3.5.2 Permission is obtained from both parents unless:

3.5.2.1 One parent is deceased, unknown, incompetent, not reasonably available;

3.5.2.2 Only one parent has legal responsibility for the care and custody of the child; or

3.5.2.3 The IRB has specifically approved the protocol to allow the permission of one parent regardless of the status of a second parent.

3.5.3 In the absence of a parent permission may be obtained from an individual authorized to consent under applicable law on behalf of a child to general medical care.

3.6 The IRB must approve obtaining consent with the Short-Form prior to use.

3.7 Consent discussions are conducted in a private and quiet setting.

3.8 Any knowledgeable individual may:

3.8.1 Review the study with subject/representative to determine preliminary interest.

3.8.2 If the subject/representative is interested, notify an investigator.

3.8.3 If the subject/representative is not interested, take no further steps regarding recruitment or enrollment.

3.9 Once a subject/representative indicates that he or she does not want to take part in the research study, this process stops.
3.9.1

4 RESPONSIBILITIES

4.1 The principal investigator is responsible for ensuring these procedures are carried out.

5 PROCEDURE

5.1 If the consent process will be documented in writing with the long form of consent documentation:
   5.1.1 Obtain the current IRB approved consent form.
   5.1.2 Verify that the most current IRB-approved version of the study specific consent form is being used and that the consent form is in a language understandable to the subject/representative.
   5.1.3 Whenever possible provide the consent form to the subject/representative in advance of the consent discussion.
   5.1.4 If the subject/representative cannot read, obtain an impartial witness to be present during the entire consent discussion to attest that the information in the consent form and any other information provided was accurately explained to, and apparently understood by, the subject/representative, and that consent was freely given. The witness may be a family member or friend. The witness may not be a person involved in the design, conduct, or reporting of the research study.
   5.1.5 If the subject/representative cannot speak English, obtain the services of an interpreter fluent in both English and the language understood by the subject/representative. The interpreter may be a member of the research team, a family member, or friend of the subject/representative.
   5.1.6 Provide a copy of the consent form to the subject/representative.
   5.1.7 Read the consent document (or have an interpreter read the translated consent document) with the subject/representative. Explain the details in such a way that the subject/representative understand what it would be like to take part in the research study; the reasons s/he might want to take part in the study and the reasons s/he might not want to take part in the study. When necessary provide a different or simpler explanation to make the information understandable.
   5.1.8 Invite and answer the subject/representative’s questions.
   5.1.9 Ask the subject/representative questions to assess comprehension of the information in the consent document.
   5.1.10 Document the consent process in the regulatory documents.

5.2 If the consent process will be documented in writing with the short form of consent documentation:
   5.2.1 Obtain the current IRB approved short consent form and summary (may use the English consent form used for long form of consent documentation).
   5.2.2 Verify that you are using the most current IRB-approved version of the study specific short consent form and summary and that the short consent form is in language understandable to the subject/representative.
   5.2.3 Provide copies to the subject/representative. Whenever possible provide the short consent form and summary to the subject/representative in advance of the consent discussion.
   5.2.4 Obtain the services of an interpreter fluent in both English and the language understood by the subject/representative. The interpreter may be a member of the research team, family member, or friend of the subject/representative.
   5.2.5 Obtain the services of an impartial witness who is fluent in both English and the language spoken by the subject/representative to be present during the entire consent discussion to attest that the information in the short consent form, summary, and any other information provided was accurately explained to, and apparently understood by, the subject/representative, and that consent was freely given. The witness and the interpreter
may be the same person. The witness may be a family member or friend. The witness
may not be a person involved in the design, conduct, or reporting of the research study.

5.2.6 Have the interpreter translate the summary (not the short consent form) to the
subject/representative.

5.2.7 Through the interpreter explain the details in such a way that the subject/representative
understand what it would be like to take part in the research study; the reasons s/he might
want to take part in the study and the reasons s/he might not want to take part in the
study. When necessary provide a different or simpler explanation to make the information
understandable.

5.2.8 Have the subject/representative read the short consent form or have the interpreter read
the short consent form to the subject/representative.

5.2.9 Through the interpreter, invite and answer the subject/representative’s questions.

5.2.10 Through the interpreter, ask the subject/representative questions to assess
comprehension of the information in the consent document.

5.3 If the requirement for written documentation of the consent process has been waived by the IRB
and the study includes a personal interaction/intervention with the subject (as opposed to a consent
being obtained via email or a webpage):

5.3.1 Obtain the current IRB approved script or information sheet (Information).

5.3.2 Verify that you are using the most current IRB-approved version of the study specific
Information and that the Information is understandable to the subject/representative.

5.3.3 When possible provide a copy of the Information to the subject/representative.

5.3.4 If the subject/representative cannot speak English, obtain the services of an interpreter
fluent in both English and the language understood by the subject/representative. The
interpreter may be a member of the research team, a family member, or friend of the
subject/representative.

5.3.5 Read the Information (or have an interpreter translate the Information) with the
subject/representative. Explain the details in such a way that the subject/representative
understands why s/he would want or not want to take part in the research study.

5.3.6 Invite and answer the subject/representative’s questions.

5.3.7 Ask the subject/representative questions to assess comprehension of the Information.

5.4 Give the subject/representative time to discuss taking part in the research study with family
members, friends and other care providers, as appropriate.

5.5 Invite and encourage the subject/representative to take the written information home to consider
the information and discuss the decision with family members and others before making a decision.

5.6 Ask the subject/representative questions to determine whether all of the following are true, and if
not, either continue the explanation or determine that the subject/representative is incapable of
consent:

5.6.1 The subject/representative understands the information provided.

5.6.2 The subject/representative does not feel pressured by time or other factors to make a
decision.

5.6.3 The subject/representative understands that there is a voluntary choice to make.

5.6.4 The subject/representative is capable of making and communicating an informed choice.

5.7 If the subject/representative has questions about treatments or compensation for injury, provide
factual information and avoid statements that imply that compensation or treatment is never
available.

5.8 If the subject/representative agrees to take part in the research study:

5.8.1 If the subject is a child:

5.8.1.1 Whenever possible explain the research to the extent compatible with the
child’s level of understanding.

5.8.1.2 Request the assent (affirmative agreement) of the child unless:
5.8.1.2.1 The capability of the child is so limited that the child cannot reasonably be consulted.

5.8.1.2.2 The IRB determined that assent was not a requirement.

5.8.1.3 Once a child indicates that he or she does not want to take part in the research study, this process stops.

5.8.2 If the subject is an adult unable to consent:

5.8.2.1 Whenever possible explain the research to the extent compatible with the adult’s level of understanding.

5.8.2.2 Request the assent (affirmative agreement) of the adult unless:

5.8.2.2.1 The capability of the adult is so limited that the adult cannot reasonably be consulted.

5.8.2.2.2 The IRB determined that assent was not a requirement.

5.8.2.3 Once an adult unable to consent indicates that he or she does not want to take part in the research study, this process stops.

5.8.3 Obtain written documentation of the consent process according to “SOP: Written Documentation of Consent (HRP-091)” unless written documentation of consent has been waived.

6 MATERIALS

6.1 Long form of consent documentation:
   6.1.1 Consent form

6.2 Short form of consent documentation:
   6.2.1 Short consent form
   6.2.2 Summary (same information as the English consent form used for long form of consent documentation)

6.3 Requirement for written documentation of the consent process has been waived by the IRB:
   6.3.1 Study Information (same as consent form used for long form of consent documentation except that signature block is optional)

6.5 SOP: Written Documentation of Consent (HRP-091)

7 REFERENCES

7.1 21 CFR §50.20, 50.25
7.2 45 CFR §46.116