

# Investigator's Guide

## **I. Definitions:**

### **Clinical Research**

*[National Institute of Health, U.S. Department of Health and Human Services  
<http://grants.nih.gov/grants/glossary.htm>]*

Clinical research is research with human subjects that is:

**A.** Patient-oriented research. Research conducted with human subjects (or on material of human origin such as tissues, specimens, and cognitive phenomena) for which an investigator (or colleague) directly interacts with human subjects. Excluded from this definition are *in vitro* studies that utilize human tissues that cannot be linked to a living individual.

It includes:

- mechanisms of human disease
- therapeutic interventions
- clinical trials
- development of new technologies

**B.** Epidemiological and behavioral studies.

**C.** Outcomes research and health services research.

### **Clinical Trial**

*[122-DAA, Definition of Clinical trial. Schedule Y,  
[http://cdsco.nic.in/html/D&C\\_Rules\\_Schedule\\_Y.p](http://cdsco.nic.in/html/D&C_Rules_Schedule_Y.p)]*

Clinical trial means a systematic study of new drug(s) in human subject(s) to generate data for discovering and / or verifying the clinical, pharmacological (including pharmacodynamic and pharmacokinetic) and /or adverse effects with the objective of determining safety and / or efficacy of the new drug.

*[ICH-GCP Definition of Clinical trial.*

*[http://www.ich.org/fileadmin/Public\\_Web\\_Site/ICH\\_Products/Guidelines/Efficacy/E6/E6\\_R1\\_Guideline](http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guideline)]*

Clinical Trial is any investigation in human research participants intended to discover or verify the clinical, pharmacological, and/or other pharmacodynamic effects of an investigational product(s), and/or to identify any adverse reactions to an investigational product(s), and/or to

study absorption, distribution, metabolism and excretion of an investigational product(s) with the object of ascertaining its safety and/or efficacy

**Investigator, Principal Investigator (PI):**

*ICH-GCP Definition of Investigator.*

*[http://www.ich.org/fileadmin/Public\\_Web\\_Site/ICH\\_Products/Guidelines/Efficacy/E6/E6\\_R1\\_Guidelin](http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guidelin)].*

Investigator is a person responsible for the conduct of the clinical trial at a study site.

If a trial is conducted by a team of individuals at a study site, the investigator is the responsible leader of the team and may be called the **principal investigator**.

**II. About the Institutional Ethics Committee**

1. Location and Office Address of Institutional Ethics Committee (IEC)

A. \_\_\_\_\_

B. The IEC office hours for submission of documents, enquiries and telephonic communication with the IEC staff are as follows:

C. \_\_\_\_\_

2. Current Constitution and Tenure

*[List of IEC members with designations, qualifications, affiliations and tenure]*

3. Registration/ Accreditation of the IEC

*[Registration number and date of national and international registration and accreditation (as applicable)]*

4. The IEC SOPs are available in the IEC office. An investigator may submit a request in writing for a hard copy/ an electronic version of the SOPs of the IEC.

**III. Guidelines for Conducting Clinical Research in the Institution**

1. All clinical studies (see Section I for definitions) should be reviewed and approved by the IEC BEFORE initiation of the study
2. No retrospective approvals will be granted
3. Studies may be submitted for full board or expedited review (see SOP7A and 7B)
4. Studies may be granted exemption from review (see SOP 7C) if eligible

5. It is mandatory to register regulatory clinical trials in the Clinical Trials Registry of India ([ctri.nic.in](http://ctri.nic.in)). IECs can have a policy for registering (or not) other clinical studies (Registration in a trial registry is recommended by Declaration of Helsinki, 2013).
6. The investigator team should be trained in GCP or ethics in clinical research (and certificates – valid for 3-5 years as per IEC policy). This may preferably be made applicable to all clinical research (The Investigator team may do an online training as recommended by the IEC).
7. If a clinical study is planned on an “alternative system of medicine” (Ayurveda, Homeopathy, Siddha, Unani etc.), a Co-Investigator/ Collaborator from that system should be included in the study team. The co-investigator appointed should be appropriately qualified and registered with the relevant Council and he/she should not have a conflict of interest with the study, investigator or sponsor. This is in accordance with the ICMR 2006 guidelines.
8. The research study protocol should be scientific and complete with respect to the following sections:

*[[http://cdsco.nic.in/html/D&C\\_Rules\\_Schedule\\_Y.pdf](http://cdsco.nic.in/html/D&C_Rules_Schedule_Y.pdf) Schedule Y, Appendix X Contents of The Proposed Protocol for Conducting Clinical Trials.*

*[[http://www.ich.org/fileadmin/Public\\_Web\\_Site/ICH\\_Products/Guidelines/Efficacy/E6/E6\\_R1\\_Guideline.pdf](http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guideline.pdf) Section 6 Clinical Trial Protocol and Protocol]*

- A. Introduction with relevant literature,
- B. Objectives,
- C. Justification for a clinical study (demonstrate clinical equipoise) and its implications for future,
- D. Detailed methodology describing
  - i. settings of the study,
  - ii. duration of entire study and duration for participation for each individual,
  - iii. eligibility criteria (inclusion and exclusion criteria),
  - iv. sample size (number of participants that may need screening, number that is required to be completed for analysis)
  - v. Sampling method
  - vi. Ethical aspects (as per ICMR guidelines 2006, [\[http://icmr.nic.in/ethical\\_guidelines.pdf\]](http://icmr.nic.in/ethical_guidelines.pdf))

- A statement saying that the study will be conducted in

adherence to relevant national/international laws.

- Placebo justification if applicable
  - Risk benefit assessment
  - Compensation for participation if applicable
  - Compensation for research related injury
  - Informed consent process, including Audiovisual recording of consent (AV consent) if applicable (*see Appendices IA to IE at the end for a template of an Informed consent document, Assent, Parental consent, AV consent* )
  - Ancillary care
  - Choice of participants
  - Method of recruitment (if advertisement etc.)
  - If vulnerable population what protections are in place
  - Policy regarding autonomy (voluntariness, right to withdraw).
  - Confidentiality - Statement of Participant confidentiality including ownership of data and coding procedures.
  - Policy regarding dissemination of data, presentation of data, publication.
- vii. Description of variables,
- inpatient/outpatient
  - number of outpatient visits
- viii. Statistics:
- Sample size determination,
  - Power estimates / level of significance
  - Tests for comparison/ any other descriptive statistical analysis
9. While submitting your research proposal to the IEC, ensure that you have included an informed consent document that is prepared as per guidelines in Schedule Y (2005), ICMR 2006 guidelines and ICH – GCP (1996). (See Appendix A)
10. Informed consent documents should be made in English and Hindi and other relevant regional languages.
11. All the consent documents must have Version No, Date, Page no in the

footer

12. Separate informed consent documents should be prepared for studies involving minors (children) and genetic studies (See Appendices B and D)

#### **IV. Functioning of the Institutional Ethics Committee**

##### **1. Submission of a New Study Proposal**

- i. The required (as per IEC policy) sets of project proposals (as hard and soft copy (mandatory for regulatory studies) of the whole proposal should be submitted to the IEC.
- ii. Project proposals need to be submitted to the office of the IEC **on or before a date specified as per IEC policy**
- iii. Please see Project Submission Application Form for Initial Review [AX 1-A/SOP 06/V1 and AX 1-B/SOP 06/V1, see SOP 06/V1]
- iv. Study proposals will be circulated (details as per IEC policy) to all IEC members for review and discussed at the IEC meeting to be held in the following month.
- v. The fees for reviewing various categories of research study proposals in Indian Rupees (INR) are as follows (this section is added if applicable)

<b>Sr. No.</b>	<b>Category of review</b>	<b>Pharma industry sponsored Research</b>	<b>Govt sponsored/ NGO Research</b>	<b>Academic or Investigator initiated Research</b>
1.	New study protocol	Rs. XXXX /-	Rs. XX /-	Rs. XX /-
2.	Continuing review (per review)	Rs. XXXX /-	Rs. XX /-	-
3.	Protocol Amendment (per amendment review)	Rs. XXXX /-	Rs. XX /-	-
4.	Providing one photocopy of submitted study documents lost by the	Rs. XXX /-	Rs. XX /-	Rs. XX /-

	investigator (amount for 10 pages document , over 10 pages, Re.1 per page)			
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- vi. An investigator may be invited (telephonically/ through written communication) to the IEC meeting to discuss issues related to the study proposal.
- vii. A reply to the letter of recommendations/ queries sent by the IEC is expected within 180 days (this duration will vary as per IEC policy) of date of receipt of the letter. In the absence of any response, the project will be declared closed for the IEC office records.

**2. Once approval for a study is granted**

- i. Although the study approval is granted for the entire duration of the study, it is the responsibility of the PI(for studies that continue for more than a year) to submit a continuing review report as per IEC policy.
  - ii. Submission of Study Related Documents for IEC review:
    - All study related documents [protocol amendments (SOP 09/V1), SAE reports (SOP 12/V1), status reports (SOP 10/V1), study completion reports (SOP 13/V1), protocol deviations/ violations (SOP 11/V1)) should be submitted to the IEC (soft or hard copy and numbers as per IEC policy).
    - Please read all relevant IEC SOPs for meeting and agenda preparation, paying attention to the timelines specified by the IEC
3. If an investigator wishes to appeal against the decision about rejection of a research proposal by the IEC, please contact the IEC and submit your appeal in writing, addressed to the IEC Chairperson with justification relevant to the issues/ objections raised by the committee within twelve (12) weeks of the receipt of the committee’s decision. In absence of appeal, the project will be declared closed for the IEC office records.
  4. The Director/ Dean of the institution is the appellate body.
  5. If the study is not initiated or is terminated, this should be communicated to the IEC stating reasons for the same. (See SOP 14/V1)

## **V. Sample Formats of Informed Consent Document** **(Appendices A to E)**

### **Appendix A**

#### **Sample Format of an Informed consent document (ICD) in English**

(This template should be customized according to the requirement of individual research project)

#### **I Project title (as it is stated in the protocol):**

XXXXXXXXX XXXXXXXX

Name of the research participant-.....

Date of Birth /Age .....

Address of the subject.....

Qualification.....

Occupation- student/self-employed/service/housewife/other (please tick as appropriate)

Annual income of the subject .....

Name and address of the nominee(s) and his relation to the subject .....

(for the purpose of compensation in case of trial related death)

#### **II Introduction:**

You are invited to participate in a research study. It is important that you read this description of the study and understand your role in it including the nature and risks of participation. Please give your consent to participate in this clinical study only if you have completely understood the nature and course of this study and if you are aware of your rights as a participant. Your participation in this study is voluntary.

#### **III Purpose of the study:**

(State background and rationale for undertaking this study in layman friendly language)

For example for a study testing antihypertensive drug.....

It is well known that people who suffer from high blood pressure are at high risk for cardiovascular disease, including heart attacks, strokes and even death.

Anti-hypertensive medications are commonly prescribed to such patients to prevent the occurrence of cardiovascular events. XXXX is a new drug, which has been found to decrease the blood pressure in initial studies. The study plans to study the efficacy and safety of this drug in patients having high blood pressure.

#### **IV Expected duration of the study and number of research participants:**

You will be one of approximately XXX people who will participate in this study. You will be in the study for about XXX days. (If multicentric study – mention that the study is also being carried out at xxx other centers).

#### **V Study procedures to be followed:**

If you agree to participate in this study you will: a) be asked about previous medical problems, your current health and your medications; b) have a brief physical examination (to give details); c) need to undergo baseline investigation such as XXXXXX (to give details).

The study staff will review the results of these evaluations & test. If you are eligible to participate you will be randomly assigned (like the flip of a coin) to a study group to receive one of the two study treatments.

The study would require a total of XX visits. At each visit XX ml (mention 1-2 tsp/tbsp as applicable) of your blood will be withdrawn after fasting for XX hours. The blood samples that are drawn, will be used to check your blood sugar levels, kidney and liver function etc. (mention whatever is applicable).

Regardless of the group to which you have been assigned, you will return to the study centre after XXXX days / weeks / months. It is important that you bring all of your study medications, diary etc. along with you.

At each visit: a) you will be asked about your health, side effects of medications, b) your physical examination will be carried out c) you will be given a new supply of study drug.

#### **VI Risks and discomforts of participating:**

The study testing 2 different therapies in high risk people that may prevent heart attacks, strokes or death from cardiovascular causes:

Based on studies in animals and other studies with people, the drug(s) used in this study may cause some side effects. The known risks and side effects associated with the drugs proposed for use here are summarized below.

Side effects of test drug – XXXXX (State Details)



## Side effects of standard drug – XXXXX (State Details)

Other side effects that you may experience could include injection site reactions, allergic reactions to the medication, itching rash and pain at the injection site (if the drug is to be administered parenterally). While collecting blood from your vein, you will have to undergo the discomfort of brief pain or rarely develop bruising or even a minor infection. In case this occurs appropriate management will be provided. Finally new problems or side effects other than those that have been seen before could occur during this study. You will therefore be asked about side effects at each visit. It is important that you report any of the side effects described in this form or any other ones to the study physician immediately at the numbers listed below.

Because the safety of the study drugs for an unborn fetus or newborn is unknown, if you intend to become pregnant, are pregnant or are breastfeeding you cannot participate in this study. If you are a woman who is able to have children, you will be required to undergo a urine pregnancy test. If you are not pregnant you will be asked to take precautions to prevent pregnancy until the end of the study. The doctors will discuss the contraception options with you. Pregnancy test may be repeated during the study. If you become pregnant despite these precautions you should immediately notify the study team. Pregnancy will be a reason to stop study treatment.

Any new important information that is discovered during the study and which may influence your decision to continue in the study will be provided to you or your legally acceptable representative in a timely manner. You will be told of any new risks or side effects.

### **VII Possible benefits of the study:**

By participating in this study, you may have a possible cure or improvement in your condition. However, there is no guarantee that you will receive direct health benefit from being in this study. Your participation in this study may provide information that may in the future help other patients suffering from high blood pressure.

### **VIII What happens when the research trials stops?**

Because this is a research trial, the test drug will not be available at the end of this trial for treatment of this disease. Alternate therapy, if appropriate, will be

provided once the trial is finished. Occasionally the company sponsoring the research may stop the study early – if this occurs the reason(s) will be explained to you.

**IX Compensation for Participation:**

Participation in this study will be at no cost to you. The medication and clinic visits will be provided free of charge. Payment for things such as lost wages is not available. (Wherever applicable give details e.g. reasonable travel assistance will be provided for your participation etc.)

**X Treatment and Compensation for study related injury:**

Any injury or death of the participant occurring in clinical trial due to following reasons shall be considered as clinical trial related injury or death and the subject or his/her nominee (s) as the case can be are entitled for financial compensation.

- adverse effect of investigational product(s)
- violation of the approved protocol, scientific misconduct by the sponsor or the investigator
- failure of the investigational product to provide intended therapeutic effect where, the standard care, though available, was not provided to the subject as per the clinical trial protocol
- use of placebo where, the standard care, though available, was not provided to the subject as per the clinical trial protocol
- Adverse effects due to concomitant medication excluding standard care, necessitated as part of approved protocol.
- for injury to child in utero because of the parents participation in the trial
- any clinical trial procedure involved in the study.

In case of an injury occurring to the participant during the clinical trial, free medical management shall be given as long as required or till such time it is established that the injury is not related to the clinical trial, whichever is earlier. In the event of a trial related injury or death, the sponsor or his representative should provide financial compensation for the injury or death. The financial compensation will be over and above any expenses incurred on the medical management of the participant. In case of clinical trial related death of the participant, his/her nominee(s) would be entitled for financial compensation as per the order of the Licensing Authority. In case, there is no permanent injury, the quantum of

compensation shall be commensurate with the nature of the non-permanent injury and loss of wages of the participant.

A. The following details are required of the research participants

Date of Birth /Age ..... Address of the subject

.....  
.....  
.....

Qualification.....

B. Occupation- student/self-employed/service/housewife/other (please tick as appropriate)

C. Annual income of the subject

.....

D. Name and address of the nominee(s) and his relation to the subject

.....

(for the purpose of compensation in case of trial related death)

E. Name of the witness

.....

**XI Right to withdraw from the study:**

Participation in this study is entirely voluntary. You may choose not to take part or you may leave the study at any time. Your decision will not affect your further treatment at this institute. If you decide to leave the study, you may have to undergo some tests and/or procedures, which will be done to protect your safety.

**XII Confidentiality:**

All study records will be kept confidential at all times. Your identity will not be revealed except as required by law. The results of your treatment (details: laboratory tests, photographs, x-rays etc.) may be published for scientific reasons. Your identity will not be revealed in these publications.

**XIII Contact for further information:**

Thank you for taking the time to read (or have read to you) the information about this study. Before you sign this document, you should ask questions about anything that you do not understand. The study staff will answer questions before, during & after the study.

If you have questions about this study or how it is being run, drug side effects or a possible research related illness or injury, you can contact the study doctor XXXXXXXX, designation, department XXXXXXXX at telephone number XXXXXXXX during the office hours, or at XXXXXX at outside office hours.

If you have any questions about your rights as a research participant, or complaints regarding the research study, you should call XXXXXXXX who is the Member Secretary of Institutional Ethics Committee on the following telephone number on working days. Tel. no.: XXX (Monday to Friday- xxxx am to xxxrpm; Saturday-xxxxam to xxxrpm).

**XIV Consent:**

[1] I have read or have had read to me the information given in the Informed Consent Document for this study entitled “XXXXXXX”

[2] I have received an explanation of the nature, purpose, duration, and foreseeable effects and risks of the trial and what I will be expected to do. My questions have been answered satisfactorily.

[3] I understand that my participation in the trial is voluntary and that I may refuse to participate or may withdraw from the trial at any time, without penalty or loss of benefits to which am otherwise entitled.

[4] I further understand that any information that becomes available during the course of the study that may affect my willingness to take part will be informed to me.

[5] Institutional Ethics Committee authorities may wish to examine my medical records to verify the information collected. By signing this document, I give permission for this review of my records.

[6] I understand that my identity will not be revealed in any report or publication.

[7] I agree to take part in the above study.

_____	_____	_____
Name of research participants of research participants	Signature/ thumb impression	Date

_____	_____	_____	_____
Name of Legal Representative (LAR)	Relation to research participants	Signature / Thumb Impression of LAR	Date

Name of the Impartial Witness	Signature of the Impartial Witness	Date

Name of the person Administering consent	Signature of the person administering consent	Date

(Copy of the Patient information sheet and duly filled ICF shall be handed over to the participant or his/her attendant)

[<http://www.kem.edu/wp-content/uploads/2014/04/SOP-05.pdf>. Annexure 6: Sample format of an Informed Consent Document SOP 05/V4: Management of Protocol Submissions, Effective date: 01/09/2013, accessed on 18<sup>th</sup> May 2015]

## **Appendix B**

### **Assent to be a Participant in a Research Study**

**(For Children between 7-18 years old)**

**1. What do we wish to tell you?**

I am Dr. \_\_\_\_\_ We want to tell you about something we are doing called a research study. A research study is when doctors collect a lot of information to learn more about something related to health and disease. After we tell / explain you about it, we will ask if you'd like to be in this study or not.

**2. Why are we doing this study?**

We want to find out [?] We are getting information from..... boys and girls of your age.

**3. What will happen to you if you are in this study?**

Only if you agree, two things will happen:  
(as applicable to research study)

1. A small amount of your blood will be drawn. That means it will be taken by a needle in your arm. This will happen.....times. [If some or all of blood draws would be done anyway as part of child's clinical care, emphasize here what will be done extra for the study.]
2. The doctors will do some tests on .....

3. You will need to answer some questions about .....

4. You will be given a medicine .....(explain as applicable)

**4. Is this bad or dangerous for you to get involved in this research? Will this study hurt? (explain risks involved as applicable)**

The stick from the needle to draw your blood will hurt, but it will soon disappear.

**5. How will this research study be useful to you?**

No, this study won't make you feel better or get well. But the doctors might find out something that will help other children like you later.

**6. Will everybody come to know about your condition? (Confidentiality)**

We will not tell other people that you are in this research and we won't share information about you to anyone who does not work in the research study.

**7. Do you get anything for being in the research?**

[Mention any reimbursements or small gifts/incentives]

**8. Will you tell me the results?**

[Include details if relevant. Also inform about possibility of publication and keeping confidentiality in publication]

**9. Do you have any questions?**

You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

**10. Do you have to be in this study?**

No, you don't. No one will be force you if you don't want to do this. If you don't want to be in this study, just tell us. And remember, you can say yes now and change your mind later. It's up to you. This will not affect in any way your future treatment in this hospital.

**11. Who can you talk to or ask questions to?**

[Contact information for those people who the child can contact easily (a local person who can actually be contacted). Tell the child that they can also talk to anyone they want to about this (their own doctor, a family friend, a teacher).]

**12. Signature of Person Conducting Assent Discussion**

I have explained the study to \_\_\_\_\_ (print name of child here) in language he/she can understand, and the child has agreed to be in the study.

\_\_\_\_\_  
Signature of Person Conducting Assent Discussion      Date

\_\_\_\_\_  
Name of Person Conducting Assent Discussion (print)

**Assent Statement**

I have read this information (or had the information read to me) I have had my questions answered and know that I can ask questions later if I have them.  
I agree to take part in the research.

Name of child \_\_\_\_\_ Signature of child:  
\_\_\_\_\_  
Date: \_\_\_\_\_

**OR**

I do not wish to take part in the research and I have not signed the assent below.

\_\_\_\_\_  
(initialed by child/minor)

I have witnessed the accurate reading of the assent form to the child, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely. [in case of illiterate child]

Name of witness (not a parent) \_\_\_\_\_ and

Thumb print of participant

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_

Name of Investigator -----

Signature of Investigator \_\_\_\_\_ Date : -----

[Reproduced with permission from Institutional Human Ethics Committee, PSG Institute of Medical Sciences and Research, Coimbtore]

(Copies of the Child information sheet and duly filled and signed ICFs of child and parent shall be handed over to the participant or his/her attendant)

## **Appendix C**

### **Parent Information sheet and Informed Consent Form**

[The title of the project here exactly as it is in the project design with names of Principal Investigator and all other investigators.]

#### **Introduction:**

Your child is invited to participate in a study/research/experiment. This document gives you a description of the study/trial in which you are being asked to participate. You can enquire about all details before giving your written consent to participate in the study. Please give your consent to participate in this clinical study only if you have completely understood the nature and course of this study and if you are aware of rights of your child as a participant.

#### **Purpose:**

The purpose of this study is to ..... (brief background and rationale for conducting study in layman friendly words).

Your decision to have your child participate in this study is entirely voluntary. It is your choice whether to have your child participate or not. If you choose not to consent, all treatment and care you and your child receive at this clinic will continue and nothing will change. You may also choose to change your mind later and stop participating, even if you agreed earlier, and the medical care you and/or your child receives at the clinic will continue.

#### **Information about the study:**

#### **Procedures and Protocol**



Describe or explain the exact procedures that will be followed on a step-by-step basis, the tests that will be done, and the drugs that will be given. Describe very clearly which procedure is routine and which is experimental or research.

#### **Duration**

Include a statement about the time commitments of the research for the participant and for the parent including both the duration of the research and follow-up, if relevant.

Example: The research takes place over \_\_\_\_ (number of) days/ or \_\_\_\_ (number of) months in total. During that time, it will be necessary for you to come to the clinic/hospital/health facility (number of) days, for (number of) hours each day. We would like to meet with you six months after your last visit for a final check-up. Altogether, we will see you and your child 4 times over a year.

#### **Side Effects**

Parents should be told if there are any known or anticipated side effects and what will happen in the event of a side effect or an unexpected event.

Example: These vaccines can have some unwanted effects or some effects that we are not currently aware of. However, we will follow your child closely and keep track of these unwanted effects or any problems. We will give you a telephone number to call if you notice anything out of the ordinary, or if you have concerns or questions. You can also bring your child to this health facility at anytime and ask to see [name of nurse, doctor, researcher].

We may use some other medicines to decrease the symptoms of the side effects or reactions. Or we may stop the use of one or more drugs. If this is necessary we will discuss it together with you and you will always be consulted before we move to the next step.)

#### **Risks**

A risk can be thought of as being the possibility that harm may occur. Explain and describe any such possible or anticipated risks. Provide enough information about the risks that the parent can make an informed decision. Describe the level of care that will be available in the event that harm does occur, who will provide it, and who will pay for it.

Example: By participating in this research it is possible that your child will be at greater risk than he/she would otherwise be. There is a possibility that \_\_\_\_\_ may happen as a result of taking this drug. While the possibility of this happening is very low, you should still be aware of the possibility. If something unexpected happens and harm does occur, we will provide you with\_\_\_\_\_.

[Explain the level of care that will be available, who will provide it, and who will pay for it. Inform the parent if there is a particular insurance in place.]

### **Discomforts**

Explain and describe the type and source of any anticipated discomforts that are in addition to the side effects and risks discussed above.

Example: By participating in this research it is possible that your child may experience some discomfort such as the discomfort of the injections. There may be a slight hardening and/or swelling where the needle stick goes into the skin. This should disappear in one day. Your child may also be fussier than usual or more tired. These behaviors usually stop within one day but if you are concerned, please call me or come to the clinic.

### **Benefits**

There may not be any other benefit for your child but his/her participation is likely to help us find the answer to the research question. There may not be any benefit to the society at this stage of the research, but future generations are likely to benefit.

### **Confidentiality**

The information that we collect from this research project will be kept confidential. Information about your child that will be collected from the research will be put away and no-one but the researchers will be able to see it. Any information about your child will have a number on it instead of his/her name. Only the researchers will know what his/her number is and we will lock that information up with a lock and key. It will not be shared with or given to anyone except [name who will have access to the information, such as research sponsors, DSMB board, your clinician, etc].

### **Sharing of the results**

The knowledge that we get from this study will be shared with you before it is made widely available to the public. Confidential information will not be shared. There will be small meetings in the community and these will be announced. Afterwards, we will publish the results in order that other interested people may learn from our research.

### **Right to Refuse or Withdraw**

You do not have to agree to your child taking part in this research if you do not wish to do so and refusing to allow your child to participate will not affect your treatment or your child's treatment at this Centre in any way. You and your child will still have all the benefits that you would otherwise have at this Centre. You may stop your child from participating in the research at any time that you wish without either you or your child losing any of your rights as a patient here. Neither your treatment nor your child's treatment at this Centre will be affected in any way.

### **Alternatives to participating**

If you do not wish your child to take part in the research, your child will be provided with the established standard treatment available at the centre/institute/hospital. (To state alternative treatment options for the given condition.....)

### **Whom to Contact?**

If you have any questions you may ask them now or later, even after the study has started. If you wish to ask questions later, you may contact any of the following: [name, address/telephone number/e-mail] This proposal has been reviewed and approved by [name of the IEC], which is a committee whose task it is to make sure that research participants are protected from harm. If you have any queries regarding your rights as a study participant, you may contact, the Member Secretary, of the Institutional Ethics committee, Dr. Phone:

## Consent to Participate in Research

The nature and the purpose of the above Research Study have been explained to my child and me; we have agreed to have my child participate in the research study. We also agree that my child's personal health information can be collected, used and shared by the researchers and staff for the research study described in this form. We will receive a signed copy of this consent form.

\_\_\_\_\_  
Name    Signature / Thumb impression of Parent/Guardian    Date

\_\_\_\_\_  
Name    Signature of Person Obtaining Consent/Authorization    Date

\_\_\_\_\_  
Name    Signature of Impartial Witness (if applicable)    Date

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## **Appendix D**

### **Format for Informed Consent Document for Genetic Studies**

(In case a separate ICD is not to be made, all elements of this ICD may be incorporated in the main ICD for research studies having genetic sub-study component)

This document will, in general, follow the format of the informed consent document contained in Appendix A. The additional specific components related to genetic studies are elucidated here.

These guidelines are meant to provide assistance in framing informed consent documents for genetic research studies. The examples given may be inserted, where relevant, by the investigator/sponsor.

#### **A. Project Title and Purpose of the Study**

Given the more complex nature of genetic research, the sponsor/investigator should make the nature of the research abundantly clear to the research participant. The sponsor/investigator should also generally define genetic/genomic research in the context of the study under consideration in layman's terms. If the investigator so desires, a glossary of genetic terms used may also be provided.

#### **Example:**

1. The purpose of this document is to enable you to understand the nature of the research that we are undertaking. Do take time to review this document IEC fully and do not hesitate to ask the investigator any question or clarification related to the research.
2. This study involves the analysis of how genes, blood components or DNA relate to the way that investigational therapies are absorbed, broken down and eliminated from the body, how they affect the body and how DNA relates to human disease.”

#### **B. Study Procedures to be followed**

The sponsor/investigator should explain in layman's terms the procedure to obtain any genetic material/tissue from a research participant.

### **C.Risks and Discomforts**

The sponsor/investigator must explain the risks involved in the procedures to obtain any genetic material/tissue. Separate risks relating to genetic information obtained should also be explained.

Example: “There is a chance that participation in this study could cause psychological distress, social and economic harm either to you individually or to your community.”

### **D.Possible benefits of the study**

The sponsor/investigator ought to mention benefits if any that may accrue to the participants/community. If no such benefits are seen/ guaranteed at this point in time, the same may be explicitly stated. However, if there is a possibility of long-term societal benefits, this should be incorporated. The sponsor should also state his/her policy regarding commercial benefit to participant/community.

### **E. What happens when the research trial stops?**

The storage of samples, the duration of such storage, the method of destruction of such samples should be stated. The possibility, if any, of using such samples in the future by the same or different investigators should be mentioned. Also, if the genetic study is being carried out as a sub-study, it ought to be stated that stoppage of the genetic study would not result in automatic cessation of the main study. If the study is stopped before schedule and the data is not anonymised, the option of knowing the results of the study should be made available to the research participant. Moreover, if the results of the study indicate that there might be implications for the participant, as regards future medical conditions; appropriate counselling ought to be provided. For example, the necessity of avoiding certain drugs in the future should be explained.

The genetic studies are often carried out as part of basic research and the data generated in initial studies is inadequate. It may be inappropriate to use the preliminary data in management of patient's condition. This aspect needs to be explained (whenever applicable).

Example: These analyses are done as part of basic research. Basic research analyses are performed under conditions that are different from routine laboratory

testing that your doctor may do. Therefore, it would not generally be appropriate for your doctor to use these results as part of your IEC.”

#### **F. Compensation for participation and Treatment and Compensation for study related injury**

The provisions of the format contained in Appendix A are applicable.

#### **G. Right to withdraw from the study**

If the genetic study is being carried on as a sub-study, withdrawal from the genetic study should not affect participation in the main study. The participant should be given the right to request for destruction of his/her sample provided the sample has not been anonymised till that time.

#### **H. Confidentiality**

The participant should be informed whether the samples are to be unidentified, unlinked or coded as defined in the ICMR Guidelines, 2006. If the investigator does not intend to disclose the results of the study (for example, in the case of a preliminary/pilot study), the samples should be ‘anonymous.’

If the investigator intends to disclose the results of the genetic testing, the participant should have the right to decide whether or not he desires such disclosure. Family members are not entitled to know each others’ diagnosis and specific consent is needed from a participant before sharing the information with family members.

Example: The investigator will provide the genetic analyses to your family, the doctor conducting the main study or any doctor involved in your IEC, your insurance company or your employer, only after obtaining your written consent. However, this is subject to the requirement of disclosure of such information to a court of law. It may also be made accessible to members of the IEC and regulators.” [<http://www.kem.edu/wp-content/uploads/2014/04/SOP-05.pdf>. *Annexure 7 Format for submission of an Informed Consent Document for Genetic Studies, SOP 05/V4: Management of Protocol Submissions, Effective date: 01/09/2013, accessed on 18<sup>th</sup> May 2015*]

## Appendix E

### **Audio Visual (AV) Recording of Informed Consent Process**

- The basic procedure of the informed consent process and documentation of the informed consent will be the same.
- AV recording must be done of any re-consenting procedure to be followed.
- The potential participant/LAR and impartial witness (if applicable) should be informed that the process of taking the consent is being recorded for the purpose of documentation as required by the government rules and the confidentiality of the same is assured.
- The potential participant/LAR and impartial witness (if applicable) should be made aware that his/her recording may be shown to government agencies or members from the IEC.
- If the participant is unable to give consent for medical or legal reasons, the consent should be taken from the legally authorized representative (LAR). In such case, the LAR is requested to follow the AV consent procedure.
- If the participant/ LAR is illiterate then an impartial witness is needed. This person should also be in the frame of camera while recording is done.
- AV recording should be done of assent wherever applicable.
- The following infrastructure should be available prior to counseling of potential participant:
  - i. The informed consent process should be carried out in a room designated for this purpose (unless patient is bedridden) which is well lit, free from disturbance and ensures privacy to the participant.
  - ii. Camera having video facility with
    - Good resolution (at least 640 x 480)
    - Sufficient memory (at least 4 GB)
    - Show non editable date & time on video
  - iii. Computer with DVD writer
  - iv. Blank CDs with cover
  - v. External Hard disk (at least 1 TB)



### **AV recording process:**

- Ensure that all the necessary equipment mentioned above are functional.
- The designated person conducting the informed consent discussion and the potential participant/LAR (and an impartial witness, if applicable) should sit comfortably facing each other in such a way that their faces will be captured in the frame simultaneously.
- The person conducting the informed consent discussion should introduce himself/herself by name, designation and his/ her role in the research, current date and time.
- Participant/LAR (and an impartial witness, if applicable) should be requested to introduce his/her name, age and address and in case of LAR, he/she should clearly state relation to actual participant as well as the reason why he/she cannot give consent (if applicable).
- Participant/LAR should also state the language he/she understands best and is literate in. All above points are captured in the recording.
- The Informed Consent Process should be carried out.
- Explanation or narration by the person conducting the informed consent discussion, all the questions asked by the potential participant/LAR and answers given to them should be loud and clear and recorded.
- The following minimum elements should feature in the recording of the informed consent process: introduction of each person (person conducting the informed consent discussion participant/LAR/ impartial witness) involved during informed consent process and information about necessity for audiovisual recording, entire informed consent discussion, reading out the statements mentioned in Informed Consent Form as per schedule-Y by participant/LAR and stating whether he/she agrees or not for each statement, documentation of signatures of all those involved in the Informed Consent Process.
- At any point during the consent process, if the participant wishes to take more time to read/ understand the consent document, including, for example, take it home to discuss with relatives the recording shall be stopped mentioning the of stopping. When he/she returns the recording from the point where it was stopped before shall be resumed as mentioned before stating clearly again the

date and time of recording.

- The recording will be stopped after thanking the participant.
- The recording should be checked for completeness and clarity of both audio and video recording using a dedicated laptop in which the original recording will be stored.
- No editing should be done on the recording so as to maintain authenticity.
- The laptop should be password protected. The password will be known only to the principal investigator and designated members of the study team.
- The recording should be then transferred to a CD labeled according to study name, unique identifier assigned to the participant, date and time of the recording, no. of recordings (applicable during re-consenting) and archived in the Hard drive.
- The CD should be filed in the participant's file.
  - The soft copies of the recordings will also be stored in a password protected hard drive.
  - The original recording in the laptop will be deleted.

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