LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Standard Operating Procedure

Informed Consent for Research

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Author:	Naomi Panteli	Title:	Research Facilitator
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Signature of Authoriser	Patricia Henley, Head of Research Governance and Integrity		

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All staff are responsible for checking the LSHTM website for the most recent version.

Table of Contents

1. Purpose 3
2. Policy Statement 3
3. Background 3
4. Scope 4
5. Responsibilities 4
6. PROCEDURE 5
6.1 Writing a Patient Information Sheet/Leaflet (PIS/L) and Informed Consent form (ICF) 5
6.2 Translation of PIS/L and ICF 7
6.3 Consent Procedures 7
6.4 Informed Consent for Emergency Research in the UK 13
6.5 Consent for studies in developing countries, or in countries without specific regulations 13
6.6 Informed consent for projects involving human tissue 14
6.7 Informed consent for the sharing of data via public data repository 15
6.8 Informed consent for collection of personal data 15
6.9 Ongoing Consent Procedure throughout the study 15
6.10 How and when should participants be notified of the 'End of Study'? 16
6.11 e-Consent 16
7. References 17
8. APPENDICES 18

1. PURPOSE

This Standard Operating Procedure (SOP) describes the process for obtaining informed consent from a potential study participant (or representative) in accordance with the Declaration of Helsinki, International Council for Harmonisation Good Clinical Practice Guidelines (ICH GCP) and relevant regulatory and ethical requirements. This SOP provides information for research conducted within the UK, however the principles, requirements and standards are to be applied by LSHTM staff and students conducting research throughout the world.

2. Policy Statement

All LSHTM SOPs will be produced and approved in accordance with the LSHTM SOP on SOPs. All studies sponsored and hosted by LSHTM or conducted by LSHTM staff and students, including within the LSHTM Clinical Trials Unit (CTU), should comply with these procedures and must be used in conjunction with overarching LSHTM policies and guidelines and all relevant legal and ethical requirements governing the conduct of the study.

3. Background

The legal principles of consent for clinical research have their beginnings in the Nuremberg Code (1947). The code states "[Voluntary consent] means that the person involved … should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him/her to make an understanding and enlightened decision." It also states that "the voluntary consent of the participant is absolutely essential". The same proviso is listed in the Declaration of Helsinki (1964, with later revisions) and also in ICH Good Clinical Practice.

Informed consent is central to research involving human participants. It involves providing the potential participant with adequate information to allow for an informed decision to be made. This involves facilitating the potential participant's comprehension of the information, and providing adequate opportunity to ask questions. The process must also provide sufficient opportunity for the participants to consider the information and whether to participate. This applies equally whether they are patients or healthy volunteers.

Obtaining informed consent helps to ensure that people are not deceived or coerced into participating in research. When potential participants may lack the capacity to understand information or make a decision, great care should be taken in obtaining meaningful informed consent (See section 6 for further information).

Informed Consent is a three step process and should result in the participants having all the information they need/want to make the most appropriate choice for them. This involves:

1. The giving of information
2. An interview to discuss/ clarify the information and verify their understanding
3. Taking the participant's voluntary verbal and written consent

Most participants entering into a research project/clinical trial will have to give informed consent before any aspect of their participation in the project takes place (for both

interventional and non-interventional research). This includes screening procedures, as well as review of medical records to assess eligibility (reminder: eligibility for clinical trials of investigational medicinal products in the UK and Europe must be determined by a medical doctor). Informed Consent is normally documented by means of a written, signed and dated informed consent form and a copy filed in their medical records. Due to the nature of some studies, it may be impractical or impossible to take consent. In these instances, the alternative process must be detailed in the protocol and ethics application.

For multi-national research projects/clinical trials, the consent procedure for research must be in accordance with the Declaration of Helsinki, ICH GCP and national and international regulatory/competent authorities' requirements**.** Local laws governing the procedures for informed consent vary worldwide and should also be considered when developing the participant information sheet/leaflet (PIS/L) and informed consent form (ICF).

All written information/materials to be provided to participants must be submitted to an IRB/REC for review and approval prior to the study opening to recruitment.

4. Scope

This SOP outlines the informed consent procedures for adult participants with capacity who are able to give informed consent, and informed consent procedures for more vulnerable participants (minors and incapacitated adults).

5. Responsibilities

5.1 Chief Investigator (CI) responsibilities

It is the CI's responsibility to submit the written informed consent form and all other written information/materials to be provided to participants to the IRB/REC (and competent authority (CA) as appropriate) for approval prior to the study opening to recruitment**.** It is also the CI's responsibility to be aware of any local circumstances that may need to be considered and incorporated during the planning of the research.

Any amendments to the written information provided to participants after favourable ethical opinion or approval must be reviewed and approved by the relevant IRB/IEC (and competent authority (CA) as appropriate) prior to being distributed.

The declaration of Helsinki and ICH GCP state that the person seeking informed consent should be a physician, or other appropriately qualified person designated by the CI/PI. The CI/PI must ensure that they are an appropriate and suitably qualified member of the research team. The CI/PI must sign and date the study delegation log/site responsibility log to authorise this delegation of responsibility.

5.2 Responsibilities of <u>all</u> individuals involved in obtaining Informed Consent

The delegation of informed consent to an appropriate, suitably qualified member of the research team should be considered on a study-by-study basis, taking account of local circumstances and national and local regulations and be in accordance with ICH GCP guidelines. If staff other than the Chief Investigator (CI) or Principal Investigator (PI) are

to accept responsibility for the informed consent process, it is important the following criteria is met:

i. S/He are prepared to take on the additional responsibility AND feel confident to seek informed consent in line with their professional organisational guidelines
ii. S/He has a full understanding of the study, potential risk/benefits and the associated disease area. They should be qualified by experience and/or should have received appropriate study-specific training for the study as they must be able to answer all queries during the informed consent process. All training must be documented.
iii. This delegation of responsibility should be documented on the Study Delegation Log/Site Responsibility Log to capture each member of the study team and their individual responsibilities in the management and conduct of the study. All delegated duties must be authorised by the CI/PI.
iv. The process has been approved by the relevant Research Ethics Committee (REC) and follows the national and local regulations.
v. An effective line of communication is maintained back to the CI/PI who is responsible for the participants

It is ultimately the responsibility of the Investigator or person delegated to take consent to ensure that participants have fully understood what they are consenting to and that no aspect of their participation in the project takes place until consent has been given. This is confirmed by the counter-signing and dating of the participant's consent form by the person who undertook the informed consent discussion.

It is good practice for any other research personnel involved in the giving of information during the informed consent process to document any discussions in the participant's medical notes.

All persons who obtain written informed consent must have a copy of their signed and dated Curriculum Vitae (CV) in the Investigator Site File (ISF) or central CV Folder as per local procedures and have completed the study delegation log/site responsibility log, which is also signed and dated by the CI/PI.

6. PROCEDURE

6.1 Writing a Patient Information Sheet/Leaflet (PIS/L) and Informed Consent form (ICF)

6.1.1 What to include in the PIS/L

The PIS/L should clearly state that the potential participants are being invited to consider taking part in a research project. It should describe what taking part in the research will involve and also be clear that participation is entirely voluntary. It is important to explain briefly how potential participants are being identified and why the potential participant has been selected. If your research study is primarily educational (e.g. an MSc project), this should be made clear to potential participants at the outset.

Information can be presented to a potential participant in different ways, e.g. video, audio, photos, posters etc. Traditionally, the study information is presented in a Participant

Information Sheet (PIS) – (see Appendix 1&2 - PIS/L template/Guidance on what to include in your PIS).
The PIS/L should be understandable to lay-people and include an appropriate amount of relevant information that the participant needs to know. The information should be presented in a language and level the potential participants can comprehend*.

*Note - Where possible, it is advisable to have a colleague or representative of a patient advisory group check through the information leaflet prior to submitting to the IRB/REC

6.1.2 Essential elements of the PIS/L

The PIS/L must:

- Be identifiable by date or version number
- Be printed on headed paper (usually trust, hospital or academic department)
- Provide a contact point where the participant may obtain further information about the study

6.1.3 What to include in the ICF

A consent form should normally be used to record the consent process and a participant's agreement to take part in your study. When producing your consent form you should consider what is appropriate for your type of study and the participants who will be involved (see Appendix 3 – ICF guidance).

6.1.4 Essential elements of the ICF

The ICF must:

- Be identifiable by study title, date or version number and relate/be traced to the written Information sheet given to the participant
- Be printed on headed paper (usually trust, hospital or academic department)
- Include a statement to say the participant has had the study explained to them and the risks, benefits and alternative treatments have all been discussed and any questions answered.
- Include a statement that their participation is voluntary and they are free to withdraw at any time, without the loss of any treatment to which they would otherwise be entitled. This can include limits, e.g. it may no longer be possible to withdraw once published as the journal will not issue a retraction in this situation.
- Include a statement that their medical records may be reviewed by authorised personnel/third parties and that confidentiality will be maintained at all times.
- Include a statement that their data may be shared anonymously via a public data repository

For some studies, a fuller itemised consent form may be needed to cover other important issues, especially if additional elements are optional for the participant. These may include:

i. Additional invasive tests or samples required for study purposes only

ii. Consent to use audio/video-taping, with possible use of verbatim quotation or use of photographs
iii. Transfer of data/samples to countries outside the EU
iv. Agreement to receive individual feedback from testing
v. Permission to use samples collected for future research

The signatories to the consent should be those who are involved in the consent process, e.g. the participant, the researcher or a representative of the researcher delegated to take consent.

If the consent form is to be signed at home and returned by post to the researcher, 2 copies must be provided, both to be returned and countersigned by the researcher, and one copy posted back to the participant.

An independent witness is not required except in the case of consent by a participant who may be blind, illiterate etc.

6.2 Translation of PIS/L and ICF

Where the study is likely to include participants whose first language is not English, it is advisable to translate the PIS/L and ICF. Most Competent Authorities and IRB/IECs accept for review PIS/L and ICF in English. However, they may also be required in local language(s).

Each country/site may have specific requirements for content and format of PIS/L and ICFs. National regulatory requirements should be checked by the CI/research team and the forms adapted accordingly. Additional requirements should be requested from the local Investigator or local IRB/IEC.

The CI/Research team is responsible for providing a generic version, reviewing changes made and keeping final approved versions of country/site specific documentation on file.

6.3 Consent Procedures

6.3.1 Informed consent for adults with capacity

All potential participants are presumed to have the capacity to give consent, unless proven otherwise. They should be given information about the study prior to any inclusion in the study. The dignity of the potential participant should be taken into consideration, and a private area used for the consent process if required.

A verbal explanation of the study must be given to the potential participant (and friends and family if appropriate). If necessary, diagrams should be used to explain the study. Time for questions throughout the discussion must be given and any questions adequately addressed.

The two main ways of obtaining consent are as follows:

i. Participant reads PIS/L and signs consent form[1].

ii. PIS/L is read to participant who agrees verbally and signs or marks his/her agreement[1,2].

1. It is good practice to keep a record of this procedure and participant agreement in medical notes.
2. This procedure would normally apply with research being undertaken among illiterate populations and may require an independent witness.

When describing the study the person seeking consent should explain:

i. What the purpose of the study is and any background information that may be relevant.
ii. Why the participant has been approached and that confidentiality will be maintained throughout the study, should they decide to participate.
iii. Details of the study design and details of any drugs or other intervention used (including any known safety profiles). If there is a placebo arm or randomisation involved, then these procedures should be explained.
iv. The approximate number of people taking part in the study.
v. The duration of the study and the number of study visits involved. It should be explained where the participant will be seen and by whom.
vi. All procedures, such as blood tests, electrocardiograms (ECGs) etc that are required as part of the study.
vii. The potential benefits and risks of participation in the study, and any alternative treatments available to the participant should be discussed.
viii. The availability of compensation should something go wrong.
ix. That the participant enters the study voluntarily and can withdraw at any time without prejudice to them or their future care. Similarly, if the investigator feels that the study medication is not suiting the participant that they have the right to withdraw them from the study in the interests of their safety.
x. That a detailed discussion of the participant's medical history (including disclosure of all current medications) may be required should they agree to participate.
xi. If there are any payments made for participation in the study or for out of pocket expenses.
xii. The responsibilities of the participant if they choose to take part, particularly if the study duration is lengthy.
xiii. The person to contact for further information regarding the trial and in the event of a trial-related injury/event.
xiv. That giving informed consent does not necessarily mean the participant will be enrolled in the study if it is discovered they do not meet the inclusion/exclusion criteria e.g. study specific diagnostic test.

Once the above information has been verbally discussed with the participant, they should be provided with a current approved version of the written PIS/L about the clinical study/research project to take away with them. The participant should be given adequate time to read the PIS/L and to discuss with any family or friends (if applicable), prior to agreeing to participate. The participant should not be coerced to participate and should be reassured that refusing to enter the clinical study/research proposal will not affect their current care or any care that they may require in the future (as applicable). A contact number for the research team must be provided so that any further information can be requested by the participant if needed.

Once the participant has had time to consider the information provided and has had any questions regarding their participation answered satisfactorily, then they should be asked to sign the consent form relating to the clinical study/research project. The informed consent form must be personally signed and dated in ink easily visible on photocopies by the person seeking consent and the participant. If a protocol states any additional signatures are required (e.g. the CI/PI or Co-Investigator if different) then this process should be followed accordingly. Each should also clearly print their name by their signature.

For participants who are consenting to take part verbally, they must mark their agreement on the consent form. This is often indicated using a thumbprint, with an impartial witness signing the consent form to indicate that the verbal discussion was a true reflection of the informed consent form.

Once all necessary parties have signed the written informed consent form, the participant should receive a signed and dated copy, together with a PIS/L for their reference and any other written information provided to participants. A copy of the above must be placed in the participants' medical notes and a copy kept by the research team.

See Appendices 4&5 for template consent forms.

6.3.2 Informed consent for minors

When recruiting a minor[1] to a clinical study/research project, consent is required from the parent, legal guardian or, if not available, from a legal representative of the participant. When seeking consent for a minor, the Investigator must ensure that:

i. The clinical study either relates directly to a clinical condition from which the minor suffers, or that the study can only be carried out on minors.
ii. The study is expected to produce a direct benefit for the participant
iii. The clinical study is necessary to validate data obtained in other clinical studies involving those able to give informed consent (or by other research methods).
iv. The clinical study needs to be designed to minimise pain, discomfort, fear and any other foreseeable risk in relation to the disease and the minor's stage of development**.** Continuous monitoring throughout the study of such risks and/or distress must take place.
v. A full explanation of the study must be given to the parent/legal guardian of the minor (as per section 6.3.1 **–** Informed Consent for adult with capacity). That person may then provide consent for the minor to participate.
vi. If the study involves emergency treatment and the parent/guardian cannot be contacted in time to provide consent, then consent from a legal representative can be obtained (more info in section 6.4 **–** Emergency research). The legal representative must receive the same full explanation of the study so that they can provide consent to the minor taking part.

For children and young adults, the consent of the parents and guardians must be obtained in line with local custom and practice. If this is not possible, this should be explained in the ethics application and the agreement of the child should be obtained to the degree possible dependent on the age of the child.

Informed Consent by a parent or legal representative should represent the minor's presumed will. It is best practice to obtain the assent[2] of the child in addition to the

consent of parent/guardian (see Appendix 6 – Assent form template), if the child is deemed competent to understand the research being explained to them.

1. **What is a minor?** For studies that are **not** classed as clinical trials, common law applies. This means that the age of majority is 18, although between the ages of 16 and 18, they are presumed to be competent to give consent. No Statute governs the rights of those under the age of 16 to give consent for medical research. However, the Gillick Principles (see references) state that 'whether or not a child is capable of giving the necessary consent will depend on the child's maturity and understanding and the nature of the consent required. The child must be capable of making a reasonable assessment of the advantages and disadvantages of the treatment proposed, so the consent, if given, can be properly and fairly described as true consent'. In the absence of case law dealing specifically with research, the Gillick principles might reasonably be applied, although threshold for understanding the complexities of medical research may vary.

   If the study is a clinical trial of an investigational medicinal product being conducted with the EU, under the Clinical Trials regulations, the law states that regardless of ethical considerations, the parents or guardians consent must be sought for any child under the age of 16.

   For research being performed in non-EU countries, local requirements for consenting minors will depend on the national Regulations. The protocol should specify procedures.

2. **How to take Assent from a minor?** The minor should be given information about the study according to his/her level of understanding (from staff that have experience in dealing with minors) and the person seeking consent must respect their wishes.

   The Participant Information Sheet should be written in a language that the minor can understand i.e. there should be different versions for different age groups, e.g. under 5's, 6 to 12 years, 13 to 15 years and over 16. There should also be a version produced for the parent/guardian/legal representative.

   Assent from a minor is not legally binding. It is always necessary to obtain parental consent also.

6.3.3 Informed Consent for potential participants who are illiterate

When recruiting a participant to a clinical study/research project who is unable to read and write, an impartial witness* is required. It is good practice to ascertain at the beginning of the informed consent discussion whether the potential participant is illiterate due to the impartial witness requirement.

The impartial witness must write in the name of the participant and then sign to attest that the study information has been presented to the participant as per the information sheet. The participants must also mark their agreement on the consent form. This is usually indicated with a thumbprint.

The person obtaining consent should also sign and attest that they have explained the study information accurately and that it was understood in the presence of the impartial witness. See Appendix 4 for template consent form including impartial witness.

*An impartial witness is someone who is independent of the study, e.g. not on the delegation log or attached to the study in any way.

6.3.4 Informed Consent for cluster trials

When recruiting participants to a cluster trial it is usually not necessary to obtain individual consent as the level of randomisation occurs at the cluster level (e.g. health facility or school). The intervention or control is considered to be the standard of care within the cluster, thus individual consent for the intervention is not required. Individual consent would only be required for any additional tests that is not part of standard care, e.g. qualitative interviews, extra blood tests or biopsies etc.

Researchers should obtain informed consent via a 'cluster representative', e.g. the manager of the health facility or the head teacher of the school.

The decision as to whether the chosen consent process is appropriate will depend on the context of the study and the opinion of the ethics committee.

6.3.5 Informed Consent for incapacitated adults in the UK

The Mental Capacity Act came into force in May 2007. The Act clarifies the tests of capacity[1] and provides extra safeguards for incapacitated research participants including those who become incapacitated during the study (see references for link).

Any claim that a person lacks capacity must be accompanied by evidence. The person making the claim will need to demonstrate:

- The person has an impairment of, or a disturbance in the functioning of their mind or brain, and
- The impairment or disturbance means they are unable to make a specific decision when they need to.

A person is unable to make the decision of they cannot:

- Understand the information relevant to the decision
- Retain the information in their mind
- Use or weigh that information as part of the decision-making process
- Communicate their decision by any means

When seeking consent from an adult who is unable to provide informed consent for him/her it is important that the Investigator ensures that:

i. The study relates directly to a life threatening or debilitating clinical condition from which the participant suffers, and it is expected that the study may produce a benefit to the participant. This benefit should outweigh the risks or produce no risks at all.
ii. The clinical study must be essential to validate data obtained in other clinical studies involving persons able to give informed consent, or by other research methods.
iii. The clinical study needs to be designed to minimise pain, discomfort, fear and any other foreseeable risks to the participant. Continuous monitoring throughout the study of risks and/or distress must take place. The interests of the participant must always prevail over the interest of science.
iv. The participant's legal representative must have the objectives, risks, inconveniences/discomforts and associated conditions for the study explained to

them (as per section 6.3.1 – Informed Consent for adult with capacity). A contact number for the study team should be provided in case they wish to ask further questions about the study. The legal representative must be informed of their right to withdraw the participant at any time resulting in no detriment to their care or treatment. They must then give informed consent on behalf of the participant.

v. The participant must also be given information about the study according to their level of understanding. For those participants able to form an opinion based on the information provided, their wish to participate (or not) must be respected by the person seeking consent.

vi. No incentives or financial rewards must be used to influence a prospective participant to participate (or the participant's legal representative to consent on their behalf), other than provision for compensation in the event of loss or injury.

vii. If representative consent has been obtained, yet the patient regains capacity to consent, every effort should be made to obtain consent from the patient as well.

1. **Assessing capacity** - All adults are presumed to have capacity to take the decision to enter a research project. The concept of impaired capacity is defined in legal terms as an impairment of, or a disturbance in, mental function. In clinical practice there are many factors which can temporarily or permanently impair capacity:

- Physiological effects of disease processes (memory, attention, cognitive processing)
- Pharmacological side effects of treatment (e.g. sedatives)
- Disorientation and confusion
- Fluctuations in mood, depression, minor psychiatric illness
- Anxiety about the consequences of illness, hospital admission or proposed treatment.
- General 'frailty'

It is essential that during the consenting process, the PI or other appropriately qualified person assesses the presence of factors which may impair a person's capacity. The presence of symptoms does not imply a person is not capable of making the decision. It is good practice to seek the opinion of an experienced clinician who is independent of the research team whether the potential participant is capable of informed consent.

6.3.6 Incapacitated adults and Clinical Trials of Investigational Medicinal Products (CTIMPS) in the UK

The hierarchy to approach an incapacitated adult for entry into a Clinical Trial of a CTIMP is:

- Personal Legal Representative (not connected to trial but has relationship with adult and available and willing to do so)

If not possible then:

- Professional Legal Representative (not connected to trial and is physician primarily responsible for adult's medical treatment or other person nominated by healthcare provider).

Informed Consent given by a legal representative should represent the incapacitated adults presumed will.

6.4 Informed Consent for Emergency Research in the UK

Emergency research is where research involves adults that temporarily or permanently lack capacity to consent, and there is need to initiate recruitment within a short timescale due to the nature of the investigation e.g. trauma studies.

Currently the situation differs depending on whether the research is a CTIMP and falls under the UK Medicines for Human Use (Clinical Trials) Regulations 2004 or a non-CTIMP/other research.

6.4.1 Emergency Research involving CTIMPs in the UK

The Medicines for Human Use regulations were amended in 2006 to give provisions for emergency research. This amendment addresses the problem that in trials involving emergency treatment there may not be enough time to contact a representative before entering the patient onto the trial. This amendment allows the recruitment of patients in an emergency situation into clinical trials before consent is obtained from personal/professional/legal representatives. This waiver of consent requires approval from a Research Ethics Committee. Retrospective consent should be sought from the patient if they regain capacity. See Appendix 7 for Process flowchart.

6.4.2 Other types of Emergency Research in the UK

Following the introduction of the Mental Capacity Act 2005, researchers are required to consult a carer, or someone interested in the adult's welfare, or an independent nominee for their advice and opinion on whether the patient should be recruited. It would broadly be expected that this advice is followed (excluding research that falls under the Medicines for Human Use (Clinical Trials) Regulations 2004).

The Mental Capacity Act 2005 also allows an adult to be enrolled in research in an urgent situation without such consultation, providing there is an agreement from an independent clinician. Alternatively, if this is not practical, then the protocol must be approved by the appropriate Research Ethics Committee.

6.5 Consent for studies in developing countries, or in countries without specific regulations

Freely given informed consent is particularly important in developing countries where many participants consent to research because they believe it is their only means of receiving healthcare or other benefits. The procedures for consent that are used in developing countries may be ineffective or inappropriate in some developing countries because of cultural or social customs. For example, potential participants may feel more able to discuss research within a local community meeting rather than in a formal one to one consultation with researchers.

In some regions, individuals may feel unable to refuse to participate in studies that elders, community members or family have assented to. Illiterate populations are particularly vulnerable and may lack familiarity with the basic concepts of medical research. Other

participants may not wish to sign formal documents as they have previous experience of signing away land rights, or legal rights.

Researchers should be aware of social norms in the region they wish to conduct research, and work with the community to introduce the study. It is recommended that where cultural norms exist where community leaders would normally take a decision on behalf of other, a form of proxy consent can also be introduced whereby senior family members or community leaders provide assent (not legally binding) to the study, by official, signed consent is still obtained on an individual basis (as per section 6.3).

6.6 Informed consent for projects involving human tissue

Human tissue which is removed/stored/used for research purposes must be supported by consent from donors (or other appropriate person). This applies to both UK and overseas studies. For a project involving human tissue, obtaining appropriate consent from the donor is fundamental and the process must be detailed and consistent with current legislation/regulations in order to gain ethical approval.

Records must be retained of each donor's (or legal representative's) consent**.** Written consent must be obtained where possible and a record of appropriate consent documented. Where it is not possible a detailed explanation of the reasons must be provided and a record of appropriate consent documented.

Consent must also be obtained to retain human tissue samples for unspecified use after the conclusion of the original research project. Researchers are advised to acquire generic and enduring consent, if required, from donors (or other appropriate person) at the outset. Human tissue samples must be disposed at the conclusion of a research project where donor consent is project specific.

Consent exemptions may apply, but only where:

- the tissue will be from living patients, and
- the tissue will be anonymous to the researcher, and
- the project has approval from an NRES (National Research Ethics Service)/UKECA (United Kingdom Ethics Committee Authority) recognised Ethics Committee, and
- the project has had approval from the School Ethics Committee and has been discussed with the DI.

Where research projects are undertaken within LSHTM premises using the services of a qualified phlebotomist to collect the samples, the research project must have a project-specific information sheet and the CI/PI for the project should undertake the informed consent discussion, unless this has been discussed with the phlebotomist in advance and she/he agrees to undertake the informed consent discussion. This should be clearly indicated on the delegation log.

Human Tissue training is mandatory for all LSHTM staff and students working on human tissue projects. Please see the RGIO intranet pages for further details of how to access this training.

6.7 Informed consent for the sharing of data via public data repository

An increasing number of journals are now requiring a commitment to making the database on which a paper is based open access prior to accepting the paper(s) for publication.

Explicit consent should be obtained from participants regarding the possible use of their anonymised data in the public domain via a data repository.

See Informed Consent template appendices.

6.8 Informed consent for collection of personal data

Personal data collected for research purposes must be supported by consent from participants. For a project involving the collection of personal data, obtaining appropriate consent is fundamental and the process must be consistent with current legislation/regulations in order to gain ethical approval.
Personal data collected for both UK and EU studies must be done so in accordance with the General Data Protection Regulation (GDPR). From May 2018, under this Regulation (EU 2016/679) it is a requirement to provide certain information to research participants where personal data is being collected. It is the responsibility of the data controller (LSHTM or other collaborating institutions) to ensure this is information is provided.

Personal data is described as: 'any information relating to an identified or identifiable natural person ("data subject"); an identifiable person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that person'.

The RGIO highly recommend the LSHTM templates provided in the appendices are used to ensure GDPR compliance. Failure to do so could lead to a data breach that would require notification to the Information Commissioners Office (ICO). For further information, see https://ico.org.uk/

6.9 Ongoing Consent Procedure throughout the study

The informed consent process often continues after the consent form is signed. Depending on the study, additional information may need to be given to participants. For example, if protocol amendments are introduced, or if important new information is discovered that may be relevant to the participant's willingness to continue taking part in the study. The participant may need additional opportunity to ask questions throughout the study. In certain circumstances it may be necessary to re-consent the participant using an amended consent form that has been approved by an IRB/REC, in order to continue their involvement in the study.

The timing of the signing of the consent form, relative to study registration and the initiation of study procedures, is subject to audit by regulatory/approval bodies. It is

therefore essential to record dates correctly on both the informed consent form and in the participant's medical notes. The consent form must be signed prior to participating in any research related activity by the study participant.

6.10 How and when should participants be notified of the 'End of Study'?

For participants, 'End of Study' refers to the end of the individual's participation in a clinical trial or other interventional or diagnostic study.

For trials conducted in the UK, the Health Research Authority advise that participants and their legal representatives, consultees, or close friends (where applicable) are provided with end of study information that should cover:

- What participants can expect to happen to them at the end of the study, including the arrangements in place for treatment when the study stops and any requirements for ongoing monitoring of side effects.

- How those who have participated in research can access the study results. As a rule, all participants should be routinely informed as to how they can access the study findings.

- How those who would rather not see the findings can opt out of the process, if this has not been covered already.

- An acknowledgement of the contribution they have made to research and the improvement of healthcare.

6.11 e-Consent

When planning to collect e-signatures on an electronic consent form, there are a number of key areas that would need to be addressed in order to be GCP compliant.

As described in section 6, the signature provided by the participant would need to be traced to the study information they received. This trail would need to exist in some form using the electronic signature method.

It would also be necessary to consider how a copy of the information sheet and signed consent form could be given to the participant and also how a copy would be filed locally. This is of particular importance should the participant be a patient at a medical centre, where it is expected that a copy of the consent is kept in the medical notes so there is a record of their participation in a study.

The system should also conform to the sponsors established requirements for completeness, accuracy, reliability, and consistent intended performance (i.e. validation)

The decision as to whether it is appropriate to use e-Consent would be dependent on the type of study being conducted and the decision would ultimately be made by the ethics committee.

The HRA and MHRA have issued a joint statement on seeking consent by electronic methods that covers the use of e-Consent for CTIMPs and all other research - https://www.hra.nhs.uk/about-us/news-updates/hra-and-mhra-publish-joint-statement-seeking-and-documenting-consent-using-electronic-methods-econsent/

6.11.1 e-Consent for online questionnaires and surveys

For online surveys and questionnaires, it is still important to seek informed consent. This may not be with an information sheet and e-consent form but via information and questions at the start of the survey/questionnaire. For example:

- Brief description of study
- Average time it will take to complete
- Risk/benefit
- Sharing of results
- Link to website to review study information (and further information if required)

Compulsory questions should then be asked and the responses given to acknowledge that participants have read and understood the information and that they meet the inclusion criteria. By answering 'yes' to compulsory consent questions and confirmation of meeting the inclusion criteria, informed consent is presumed and the participant can proceed.

The decision as to whether this e-consent process would be appropriate would depend on the context of the study and the opinion of the ethics committee.

7. References

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and http://en.wikipedia.org/wiki/Gillick_competence
The Human Tissue Act, accessible at:
https://www.hta.gov.uk/code-practice-1-consent

General Data Protection Regulations, accessible at:
http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32016R0679&from=EN

8. APPENDICES

Appendix 1 – Participant Information Sheet template
Appendix 2 – Participant Information Sheet Guidance
Appendix 3 – Informed Consent Form Guidance document
Appendix 4 – Consent Form template – Participant and impartial witness
Appendix 5 – Consent Form template – Participant and Representative
Appendix 6 – Assent Form template – In addition to Parental Consent
Appendix 7 – Emergency Research consent process flowchart