Ambition Trial Coordinating Centre
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Trial Management
Work Practice Document 5
Informed Consent Process

Title of study	High Dose AMBISOME© on a Fluconazole Backbone for Cryptococcal Meningitis Induction Therapy in sub-Saharan Africa: A Phase III Randomized Controlled Non-inferiority Trial		
Acronym	Ambition-cm – AMBIsome Therapy Induction OptimizatioN		
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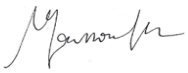
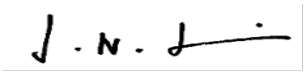
Author(s)	Nabila Youssouf Study Manager		20/07/2017
Reviewer(s)	Sile Molloy Study Manager		20/07/2017
Approved by	Joseph Jarvis CI		20/07/2017

Revision History:		
Version Number	Effective Date	Reason for Change
1.0	20/07/2017	First version

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Purpose

This purpose of this Working Practice Document (WPD) is to describe the informed consent process for participants in the Ambition trial. This is to be used in addition to the Clinical Informed Consent WPD, which describes how the medical and nursing teams should approach the patient and their families, perform cognitive assessment and document consent.

The Ambition trial consent process will be carried out in accordance with the International Conference on Harmonisation (ICH) Good Clinical Practice (GCP) standards, national and international Regulatory Authorities' requirements and LSHTM-SOP-005 [Informed Consent for Research]

This WPD applies to the Ambition trial conducted by the Ambition Trial Coordinating Centre andand applies to all participating sites.

References

Ambition Phase III Trial Protocol

Ambition Phase III Monitoring Plan

ICH Harmonised Tripartite Guideline for Good Clinical Practice (1996), accessible at:
http://www.ich.org/fileadmin/Public_Web_Site/ICH_Products/Guidelines/Efficacy/E6/E6_R1_Guideline.pdf

Appendices

1. Consent Monitoring report template
2. Consent checklist findings and follow-up
3. Consent Procedure overview

Procedure

It is the responsibility of the ethics committees and regulators to notify the Ambition Chief Investigator in writing of any required changes to the Protocol consent procedure. If changes are required, the CI or delegate will incorporate these changes into the consent procedure of the Protocol and a resubmission will be made to the relevant authority, where applicable.

There are three possible options prior to Randomisation:

1) **Written Informed Consent –** from the patient if s/he has capacity and is able to provide valid, fully informed consent which is documented on the Informed Consent form. S/he will be provided with a Participant Information Sheet and will be encouraged to discuss and ask questions
   OR
2) **Written Informed Consent** – Next of kin is present and able to provide valid, fully informed consent on behalf of a patient who is unable to consent for themselves (due to abnormal mental status). The next of kin will be provided with a Next of kin Information Sheet and will be encouraged to discuss and ask questions in a similar way to seeking consent from a participant themselves. Consent is documented on the Consent Form **OR**

3) **Agreement (applicable to South Africa only)** – Representative is available and agrees for their relative's participation but by law is unable to provide consent. They will be provided with a Relative Information Sheet and will be encouraged to discuss and ask questions in a similar way to seeking consent from a participant themselves.

If and when the patient regains the capacity to give consent, the information sheet will be given to them and written informed consent will be sought for them to remain in the trial. If the patient does not regain capacity, consent will be sought from a relative or other appropriate representative. If consent has been sought from a next of kin of the patient, and the patient later regains capacity, every effort should be made to obtain written consent from the patient as well.
Until there is a written, signed consent form, the **Informed Consent** process has not been completed.

Information Sheet and Informed Consent Form

Written documentation should consist of two elements:

1. The **Information Sheet** (IS) – describes the trial in lay person's terms
2. The **Informed Consent Form** (ICF) – documents that informed consent has been taken, when and by whom.

Trial master copies of both the IS and ICF have been developed by the Ambition Trial Management Group. Any alterations must be in line with ICH/GCP (4.8.10) and approved by the relevant Ethics Committee(s).

The TM should ensure that Investigators are aware that they are fully responsible for ensuring that participants/their representative have fully understood what they are consenting to. The person obtaining consent should write their name, sign and personally date the informed consent form. The person giving consent (either patient or their next of kin) should write their name, sign and personally date the informed consent form. If the consent giver is unable to read/write then a witness may oversee the consent process and sign and date the consent form in the witness section, to confirm that the trial has been verbally explained to the consent giver. The consent giver should provide a thumbprint or mark in the consent giver signature section to confirm their consent. The consent giver's name should be written in by the witness if the consent giver is unable to write.

All persons who obtain written informed consent should have a copy of their signed and dated CVs in the Site File and should have completed the Site Delegation Log which must also be signed and dated by the Principal Investigator.

Onsite Consent Monitoring

To ensure that the approved consent procedure is being followed at site, all consents forms (100% verification) will be monitored during onsite monitoring visits.

- **Consent monitoring checks:**

The consent monitoring checklist (Appendix 2, Table 1) details the checks to be performed on each consent form during monitoring. All findings should be entered on the Consent Monitoring Report (CMR) and followed

up in accordance with the timelines as stated in this WPD (Appendix 2, Table 2). All CMRs with consent violations or deviations or other relevant finding should be reviewed by the PI.

1. Type of consent (e.g. from patient themselves, Next of Kin, Agreement (in South Africa only)) should be the same as on the database Consent form.

2. The top section of the form should be completed in full and should match the electronic consent form:
   - name of PI
   - randomisation number
   - name of patient should match initials.

Where the above information does not match the database a query will be generated associated with the Consent Form.

3. If a representative has provided consent, their relationship to the patient should be documented. Where information is missing, the investigator/representative will be asked to enter this retrospectively.

4. The person **obtaining** consent should have written: NAME, SIGNATURE and DATE.

5. The person **giving** consent (either patient or their representative) should have written: NAME, SIGNATURE and DATE.
   If the consent giver is unable to read/write:

   - a witness, independent of the trial, may oversee the consent process and sign and date the consent form in the **witness section** (Appendix 4) to confirm that the trial has been verbally explained to the consent giver
   - the consent giver should provide a thumbprint or mark in the consent giver signature section to confirm their consent
   - the consent giver's name should be written in by the witness.

6. All findings should be entered on the CMR and followed up in accordance with the timelines as stated in the Ambition Monitoring Plan.

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Training

Each staff member receives or has direct access to applicable Working Practice Documents (WPDs).

Each staff member reviews the applicable WPDs once a year.

All WPD training is documented and tracked in the training log located in the Investigator Site File (ISF)

New staff is trained on applicable WPDs within 30 days of employment and all WPDs within 90 days of employment.

Staff members whose duties fall within this WPD scope are retrained within 14 days of the approval of each WPD revision.

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Staff signatures: (signing below indicate that you have read this WPD and understand its contents)

Date	Name (Please print)	Signature