

9.	HUMAN SUBJECTS CONSIDERATIONS	1
9.1	Applicable U.S. Federal Regulations and Guidelines	1
9.2	Good Clinical Practice (GCP) Guidelines	3
9.3	Protection of Human Subjects Training.....	3
9.4	IRB/EC Review and Approval	4
9.4.1	Continuing Review and Amendments	6
9.5	Informed Consent Process	7
9.5.1	Types of Informed Consent.....	8
9.5.2	Elements of Informed Consent.....	8
9.5.3	Development, Review, and Approval of Informed Consent Forms.....	9
9.5.4	Documentation of Informed Consent.....	10
9.5.5	Additional Considerations for Illiterate Participants	10
9.5.6	Additional Considerations for Research Involving Fetuses, Pregnant Women, and Underage Participants.....	11
9.5.7	Additional Considerations for Prisoners	12
9.5.8	Storage of Informed Consent Forms	12
9.6	Confidentiality	12
9.7	Participant Costs for Study Participation	12
9.8	Participant Reimbursement for Study Participation	13
9.9	Access to HIV-related Care	13
9.9.1	HIV Counseling and Testing.....	13
9.9.2	Care for Participants Identified as HIV-infected.....	13
9.10	Communicable Disease Reporting Requirements	13

9. HUMAN SUBJECTS CONSIDERATIONS

9.1 Applicable U.S. Federal Regulations and Guidelines

Because Microbicide Trials Network (MTN) studies are funded by the U.S. National Institutes of Health (NIH), they must be conducted in accordance with applicable sections of the U.S. Code of Federal Regulations (CFR): <http://www.gpoaccess.gov/cfr/retrieve.html>.

45 CFR 46. All studies must be conducted in accordance with CFR Title 45, Part 46 (45 CFR 46), entitled “Protection of Human Subjects,” which includes subparts related to the following:

- Review of research by Institutional Review Boards/Ethics Committees (IRBs/ECs)
- Requirements for obtaining and documenting informed consent
- Additional protections and requirements when the following types of human subjects are involved in research:
 - Pregnant women
 - Fetuses
 - Neonates
 - Children
 - Prisoners

Health Insurance Portability and Accountability Act (HIPAA). The HIPAA Privacy Rule establishes national standards to protect individuals’ medical records and other personal health

information and applies to health plans, health care clearinghouses, and those health care providers that conduct certain health care transactions electronically. The Rule requires appropriate safeguards to protect the privacy of personal health information, and sets limits and conditions on the uses and disclosures that may be made of such information without patient authorization. The Rule also gives patients rights over their health information, including rights to examine and obtain a copy of their health records, and to request corrections. The Privacy Rule is located at 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#).

All U.S. sites participating in MTN studies must comply with CFR Title 45, Parts 160 and 164, entitled, “Standards for Privacy of Individually Identifiable Health Information,” which include subparts related to the following:

- Standards for use and disclosure of protected health information (PHI)
- Authorizations to use and disclose protected health information or waivers of authorization
- Tracking of protected health information uses and disclosures

IND Studies. Studies conducted under an Investigational New Drug (IND) application are additionally subject to regulation by the U.S. Food and Drug Administration (FDA) and must be conducted in accordance with:

- 21 CFR 11: Electronic Records, Electronic Signatures;
- 21 CFR 50: Protection of Human Subjects;
- 21 CFR 54: Financial Disclosure by Clinical Investigators;
- 21 CFR 56: Institutional Review Boards;
- 21 CFR 312: Investigational New Drug Application; and
- 21 CFR 314: Applications for FDA Approval to Market a New Drug.

IDE Studies. Studies conducted under Investigational Device Exemptions are additionally subject to regulation by the FDA and must be conducted in accordance with 21 CFR 812: Investigational Device Exemptions.

Investigator of Record (IoR) Obligations. The Clinical Trials Unit (CTU) Principal Investigator (PI) must designate an IoR for each MTN study conducted at each MTN study site. The IoR is responsible for all aspects of study implementation at a site.

The responsibilities and obligations assumed by an IoR also are delineated in Figure 3.2. The IoR is required to sign either an FDA Form 1572 (e.g., for IND studies) or a Division of AIDS (DAIDS) Investigator of Record Agreement (e.g., for non-IND studies) to formally document his or her agreement to conduct the study in accordance with the study protocol and applicable U.S. regulations. The forms are completed and submitted to the DAIDS Regulatory Compliance Center (RSC) as part of the site-specific protocol registration process described in Section 11.3. Current versions of both forms are available on the RSC website by using the “Document Title Search” feature: <http://rsc.tech-res.com/>. Completed forms also must be submitted to the MTN Regulatory Director.

Form completion instructions are provided in the current *DAIDS Protocol Registration Policy and Procedures Manual* (available at the RSC website listed above), and further guidance is available in the DAIDS policy on *Requirements for Essential Documents at Clinical Research Sites Conducting DAIDS Funded and/or Sponsored Clinical Trials*, available at: <http://www.niaid.nih.gov/labsandresources/resources/daidsclinrsrch/Pages/Default.aspx>.

Sites may request that the Coordinating and Operations Center (CORE) (FHI) Clinical Research Manager (CRM) review the form and assist with the protocol registration process, if needed.

In addition to the FDA Form 1572 (for IND studies), after completion of each MTN study, the IoR must complete (i.e., sign and date) a Participant Data Verification Form and submit this form to the Statistical Data Management Center (SDMC). By completing this form, the IoR attests to the completeness and accuracy of all study data collected at the study site.

An IoR may delegate responsibility for certain aspects of study conduct to other qualified study staff members. Such delegation must be documented in the site's delegation of duties documentation. However, delegation does not relieve the IoR of responsibility for all study procedures performed and all study data collected. The IoR must have sufficient on-site availability to meet oversight obligations. An IoR need not be a physician. However, in this case, responsibility for clinical monitoring of participant safety must be delegated to an appropriately trained and qualified clinician with sufficient seniority to perform effective staff oversight. Regardless of IoR assignments, CTU PIs retain ultimate responsibility for ensuring proper implementation of MTN studies in accordance with their MTN grant awards.

In addition to the above, MTN studies must be conducted in accordance with:

- other applicable U.S. regulations, guidelines, and policies;
- in-country national, regional, and local regulations, guidelines, and policies applicable to human subjects research in general and/or the conduct of study procedures in particular; and
- any applicable MTN, DAIDS, and/or NIH guidelines and policies.

9.2 Good Clinical Practice (GCP) Guidelines

DAIDS requires that all MTN studies be conducted in accordance with the International Conference on Harmonisation (ICH) Consolidated Guidance for Good Clinical Practice (ICH-E6):

<http://www.fda.gov/ScienceResearch/SpecialTopics/RunningClinicalTrials/GuidancesInformationSheetsandNotices/ucm219488.htm>.

9.3 Error! Hyperlink reference not valid. Protection of Human Subjects Training

Per DAIDS policy, all key personnel must complete human subjects protection training. Further information related to this training requirement is provided in Section 12.2.

9.4 IRB/EC Review and Approval

Consistent with the regulations and guidance referenced in Section 9.1, all MTN studies must be reviewed and approved by IRBs/ECs responsible for oversight of research involving human subjects conducted at an MTN study site. A responsible IRB/EC registered with the U.S. Office for Human Research Protections (OHRP) under a Federal Wide Assurance (FWA) must oversee MTN research conducted at each site. In many cases, more than one IRB/EC is involved (i.e., when a site is funded through a U.S. institution with one or more study sites in other countries). In such cases, all responsible IRBs/ECs must review and approve all required study-related documentation (described further below). All responsible IRBs/ECs must review and approve MTN studies prior to the initiation of study implementation. Thereafter, all studies must undergo continuing review and be approved at least annually. A copy of the approval/renewal of approval letter should be forwarded to the MTN Regulatory Director.

The IRBs/ECs responsible for oversight of MTN research must meet the requirements of 45 CFR 46 and 21 CFR 56 (as applicable) and must be associated with an institution/organization that has received an FWA from the OHRP, which formalizes the institution's commitment to protect human subjects. Additional information related to assurances is available on the OHRP website: <http://www.hhs.gov/ohrp/>.

U.S. research regulations and ICH GCP guidelines specify the documents that MTN study sites are required to submit to their IRBs/ECs when obtaining initial (see Figure 9.1) and continuing review of research involving human subjects. Some IRBs/ECs may require additional documentation in support of their reviews (e.g., copies of case report forms); if so, site staff must comply with all IRB/EC requirements.

Figure 9.1 Required IRB/EC Submissions for Initial Reviews

Documents the Site Must Submit to IRB/EC	Written Approval Required*
Protocol version 1.0 (or first implementation version, if not version 1.0)	Yes
Informed consent forms: <ul style="list-style-type: none"> • Screening • Enrollment • Specimen Storage • Other <p>Note: Informed consent forms may contain information on participant incentive amounts and schedule; however, incentives may be approved through submission of separate materials.</p>	Yes
Participant recruitment materials developed prior to study initiation	Yes
Other written information for study participants developed prior to study initiation	Yes
Other documentation required/requested by the IRB/EC	If required by IRB/EC
Investigator’s Brochure(s)** and/or Package Inserts**	No
Other safety-related information (if applicable)	No
Investigator of Record current curriculum vitae	No
<p>*Based on U.S. regulations and ICH GCP guidance, written approval is required for these documents. Additional approvals required by responsible IRBs/ECs must be obtained and filed.</p> <p>**Required for study with investigational products.</p> <p>Note: All documents must be submitted to all IRBs/ECs responsible for oversight of study implementation at the site. Documentation of all IRB/EC submissions and approvals must be maintained in Essential Document files at the site.</p>	

Site staff must maintain documentation of all submissions to and approvals from all responsible IRBs/EC—and any other IRB/EC correspondence—in their Essential Document files. In addition, as part of its protocol registration process, DAIDS requires submission of certain IRB/EC approval documentation to the RSC. Site staff submit all required documentation directly to the RSC; however, site staff may request that the CORE (FHI) CRM review the documents and assist with the protocol registration process, if needed. Copies of regulatory approval letters must be forwarded to the MTN Regulatory Director. Further detailed information on the protocol registration process, and requirements for submitting IRB/EC approval documentation to the RSC, are provided in Section 11.3 of this manual, as well as in the current version of the *DAIDS Protocol Registration Policy and Procedures Manual*, which is available at: <http://RSC.tech-res.com/protocolregistration>.

DAIDS requires all IRB/EC approval documentation to be labeled with the full protocol number and title, protocol version number, and protocol version date. Although not required, study sites are encouraged to request that IRBs/ECs note the effective and expiration dates of all approvals.

9.4.1 Continuing Review and Amendments

The OHRP requires that all research funded by the U.S. federal government be subject to ongoing review by an IRB/EC at intervals appropriate to the degree of risk, but not less than once per year. Additionally, review of research may occur when an amendment is made to the research.

The IoR is responsible for facilitating the sufficient and timely submission of continuing review and amendment requests to IRBs/ECs so that no lapse in approval occurs for an ongoing study. The CTU PI is responsible for ensuring that the IoR fulfills this responsibility.

An IRB/EC must review research at convened meetings at which the majority of the members are present, including at least one member whose primary concerns are in nonscientific areas.

In certain circumstances, an IRB/EC may use expedited review procedures for continuing review and amendments. The use of expedited review procedures are limited to specific research categories published in the *Federal Register* and to the review of minor changes in previously approved research: <http://ohsr.od.nih.gov/guidelines/index.html>.

In conducting continuing review for studies not eligible for expedited review, all IRB/EC members should receive a protocol summary and a status report of the research, including:

- the number of participants accrued;
- a summary of adverse events and any unanticipated problems involving risks to participants or others, and any withdrawal of participants from the research;
- a summary of any relevant recent literature, interim findings, and amendments (submission of the clarification memos is not required but strongly encouraged);
- any relevant multicenter study reports;
- any other relevant information, especially information about associated risks; and
- a copy of current informed consent forms and any newly proposed informed consent forms, if applicable.

In addition, at least one member of the IRB/EC should receive a complete protocol, including amendments previously approved by the IRB/EC.

As noted above, an IRB/EC must review adverse events, interim findings, and any recent literature relevant to the research at the time of continuing review. However, such information may not be readily available to IoRs or to the local IRB/EC. In such circumstances, the IoR should submit a statement from the Data and Safety Monitoring Board (DSMB) to the IRB/EC conducting the continuing review that indicates that the DSMB has reviewed the interim findings, recent relevant literature, and the adverse events reported by all sites. The IoR must still send reports of local adverse events and unanticipated problems involving risks to participants to the IRB/EC for review.

When reviewing research under expedited procedures, the IRB/EC Chair or other IRB/EC designated member should review the complete protocol in addition to all of the previously mentioned documentation.

Site staff are required to submit IRB/EC continuing review approval and amendment documentation directly to the RSC in accordance with the *DAIDS Protocol Registration Policy and Procedures Manual*, which is available at: <http://RSC.tech-res.com/protocolregistration>.

9.5 Informed Consent Process

Informed consent is a process by which an individual voluntarily expresses a willingness to participate in research after having been informed of all aspects of the research that are relevant to his or her decision. Informed consent is rooted in the ethical principle of respect for persons; it is a fundamental component of conducting ethically sound research involving human subjects. It is not merely a form or a signature, but a process that involves information exchange; assessment of comprehension, including an appreciation of the risks and benefits; and assurance of voluntariness on the part of both the potential study participant and the study staff member who obtains informed consent from the participant. Details regarding the informed consent process to be undertaken for each MTN study are provided in each Study-Specific Procedures (SSP) Manual. In addition, each MTN study site must develop a Standard Operating Procedure (SOP) for obtaining informed consent from potential study participants as a condition for study activation (see also 11.4); sites are encouraged to seek community representative review and feedback prior to IRB/EC review and approval of these procedures. For example, Community Advisory Boards (CABs) may provide input on appropriate translation and incentives within the consent forms or any other documents that the site develops to use during the consent process. Section 6 of the *HIV Prevention Trials Network Ethics Guidance for Research*, found on the HPTN website, also provides points to consider in the development and implementation of the informed consent process: <http://www.hptn.org>.

For studies conducted at U.S. sites, additional authorization to use or disclose PHI may be required if the site is regarded as a “covered entity” under HIPAA and, therefore, is subject to the Privacy Rule: <http://www.hhs.gov/ocr/privacy/index.html>.

This additional authorization may be included as part of the study informed consent form or may be a separate document. Authorization to use or disclose PHI must be approved by a responsible Privacy Board for the covered entity. The U.S. Department of Health and Human Services (DHHS) Office for Civil Rights (OCR) has developed charts to help entities to determine whether they are covered entities under HIPAA: <http://www.cms.hhs.gov/HIPAAGenInfo/Downloads/CoveredEntitycharts.pdf>.

The DAIDS policy on *Division of AIDS Review of Informed Consent Forms; Impact of the HIPAA Privacy Rule* clarifies how DAIDS informed consent reviews and protocol registration will be managed in the context of HIPAA: http://privacyruleandresearch.nih.gov/clin_research.asp.

DAIDS will continue to review informed consent forms for compliance with the Common Rule and FDA regulations and DAIDS requirements, but not for Privacy Rule compliance.

Information and global principles that apply to informed consent in all MTN studies are provided in the remainder of this section.

9.5.1 Types of Informed Consent

Informed consent must be obtained from participants prior to undertaking research procedures. In some studies, informed consent for both screening procedures and enrollment or “on study” procedures may be undertaken in one step. In other studies, a two-step process is employed, such that participants first consent to be screened for the study, and subsequently consent to enrollment in the study after having been found to be eligible during the screening process.

In addition to informed consent for screening and enrollment, DAIDS requires that MTN study participants provide separate informed consent for the storage and possible future research testing of biological specimens, if specimens are to be stored and used post-study. Consent for such storage is optional to study participants; participants may decide not to consent to specimen storage and possible future research testing and still participate in an MTN study. Therefore, MTN studies may have three or more different types of informed consent.

Because informed consent is considered to be an ongoing process, participant information needs related to their ongoing participation in a study should be addressed throughout the period of their participation in the study.

Furthermore, implementation of a protocol amendment and/or identification of emerging information on the risk-to-benefit ratio of study participation may necessitate the re-consenting of enrolled study participants.

9.5.2 Elements of Informed Consent

U.S. regulations (e.g., 45 CFR 46 and 21 CFR 50) specify the elements of informed consent that must be conveyed to research participants through the informed consent process. These elements, which are represented in all sample informed consent forms developed for MTN studies, are as follows:

- A statement that the study involves research, an explanation of the research, the expected duration of the participant’s participation, a description of the procedures to be followed, and identification of any procedures that are experimental
- A description of any reasonably foreseeable risks or discomforts to the participant
- A description of any benefits to the participant or to others that may reasonably be expected from the research
- A disclosure of any appropriate alternative procedures or courses of treatment
- A statement describing the extent (if any) to which confidentiality of records identifying the participant will be maintained
- For research involving more than minimal risk, an explanation as to whether any compensation and any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained
- An explanation of whom to contact for answers to pertinent questions about the research and research participants’ rights, and whom to contact in the event of a research-related injury to the participant
- A statement that participation is voluntary, that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled, and that the participant may discontinue participation at any time without penalty or loss of benefits to which the participant is otherwise entitled

The regulations also specify several additional elements of informed consent that should be conveyed to research participants when appropriate, as follows:

- A statement that the particular treatment or procedure may involve risks to the participant—or to the embryo or fetus, if the participant is or may become pregnant—that are currently unforeseeable
- Anticipated circumstances under which the participant's participation may be terminated by the investigator without regard to the participant's consent
- Any additional costs to the participant that may result from participation in the research
- The consequences of a participant's decision to withdraw from the research and treatment for orderly termination of participation by that participant
- A statement that significant new findings developed during the course of the research that may relate to the participant's willingness to continue participation will be provided to the participant
- The approximate number of participants involved in the study

9.5.3 Development, Review, and Approval of Informed Consent Forms

Sample informed consent forms are prepared for each MTN protocol as part of the protocol development process. Sample forms contain the required elements of informed consent specified in Section 9.5.2 as well as, when applicable, approved language regarding the MTN Certificate of Confidentiality (see Section 8.3).

Upon receipt of the sample informed consent forms in the final study protocol, site staff are responsible for adapting the sample as needed for local use at the site (see Section 11.2 for details of development and review procedures). Local adaptation may include reformatting the consent forms in accordance with local IRB/EC requirements, as well as translating the forms into applicable participant languages. CABs may provide input on the forms at this time, but the fundamental content and meaning of site-specific informed consent forms must be consistent with the approved sample form, regardless of language. The CORE (FHI) CRM must review the locally adapted forms prior to submission to IRBs/ECs (see Section 11.2 for details on the informed consent form development process).

An independent back-translation (i.e., from local languages into English) is required to verify and document the fidelity of all translations of the sample informed consent forms. Back-translations should be completed by persons who have not participated in preparing the local language forms. A Local Language Informed Consent Verification Statement also is required by DAIDS as part of the protocol registration process.

All site-specific informed consent forms associated with the first final version of MTN protocols, and with any protocol amendments, must be reviewed and approved by all responsible IRBs/ECs and the DAIDS RSC prior to use of the forms, as described in Sections 11.2 and 11.3, and in the current version of the *DAIDS Protocol Registration Policy and Procedures Manual*, which is available at: <http://rsc.tech-res.com/protocolregistration>.

In the event that a study site updates an approved informed consent form in the absence of a protocol amendment, the document must be reviewed and approved by all responsible IRBs/ECs prior to its use. In this circumstance, however, review and approval by the DAIDS RSC is not required, although a copy of the approved modified informed consent form should be submitted to the RSC and the CORE (FHI) CRM for informational purposes.

All locally adapted, site-specific informed consent forms should be clearly labeled with the protocol title and form version numbers and date to ensure version control and to avoid confusion and possible inadvertent use of an outdated form.

9.5.4 Documentation of Informed Consent

U.S. regulations require that informed consent be documented by the use of a written informed consent form approved by the responsible IRBs/ECs and signed and dated by the participant or the participant's legally authorized representative at the time of consent. The DAIDS policy on *Requirements for Source Documentation in DAIDS Funded and/or Sponsored Clinical Trials* provides extensive detailed information to guide site study staff in meeting this requirement, as well as several suggestions for documenting the informed consent process apart from the informed consent form. This policy is available at:

<http://www.niaid.nih.gov/labsandresources/resources/daidsclinrsrch/Pages/Default.aspx>.

Site SOPs for obtaining informed consent should specify standard informed consent practices to be followed by all site staff involved in conducting the informed consent process with potential study participants.

All signature and date blocks included on informed consent forms must be completed. Signatures and dates must be entered in ink, and date blocks must be completed by each signatory; site staff may not enter the date for participant signatures. Only legal names should be used; fabricated or falsified names should not be used. Initials may not be used in place of a participant's full surname, and it is strongly recommended that initials not be used in place of a participant's full first name. However, if a participant commonly signs his or her name using an initial for the first name, the initial may be used, provided this practice is acceptable per the policies of the site institution(s). Additional documentation considerations applicable for illiterate participants are provided in Section 9.5.5.

9.5.5 Additional Considerations for Illiterate Participants

U.S. regulations and ICH GCP guidance specify additional protections that must be in place when obtaining informed consent from illiterate participants. In particular, an impartial witness who is literate in the language in which the informed consent discussion is conducted must be present during the entire informed consent process undertaken with illiterate participants. The ICH GCP guidance identifies an impartial witness as a person who is independent of the study and cannot be unfairly influenced by people involved with the study. The MTN CORE (FHI), previously the HPTN CORE, received guidance from the FDA's Office for Good Clinical Practice (e-mail communication, April 23, 2002) stating that the witness need not be "totally unaffiliated with the study. It may be possible, for example, to designate a 'subject advocate' who would be available at each site...." The witness will sign and date the informed consent form to attest that the information in the consent form was accurately explained to, and apparently understood by, the participant, and that informed consent was given freely by the participant. Study sites' SOPs for obtaining informed consent should specify procedures to be followed when obtaining informed consent from illiterate persons and should define who may serve as the witness to the informed consent process.

Additional considerations for documenting the informed consent process for illiterate participants are as follows:

- The study staff member who completed the informed consent process with the participant should document the participant's illiteracy in his or her study chart.
- The study staff member who completed the informed consent process with the participant should enter the participant's name below the "participant's printed name" block on the informed consent form, together with a signed and dated note documenting the name of the person who made the entry and the date of the entry. The "participant signature date" should be completed in this same manner.
- The participant should make his or her mark (e.g., thumbprint) in the "participant's signature" block.

It is highly recommended that informed consent procedures, including procedures for consenting illiterate participants, be submitted for review and approval by the responsible IRBs/ECs prior to study initiation. Sites also may seek input from community representatives on these procedures. As part of these procedures, sites should specify how literacy is determined.

9.5.6 Additional Considerations for Research Involving Fetuses, Pregnant Women, and Underage Participants

Some MTN studies may include pregnant women, women who may become pregnant, in utero fetuses, infants, children, and young adults who are not of legal age to consent to research independently.

Part of the CFR (45 CFR 46 Subpart B) specifies additional considerations for research involving pregnant women. Subpart D specifies additional considerations for research involving children. These considerations outline additional duties of IRBs/ECs in connection with research involving these vulnerable populations and requirements regarding the relative risks and benefits to research participants in these populations.

Obtaining and documenting consent for participation of underage participants may involve obtaining consent from a legally authorized representative or guardian in the absence of a parent. Under 45 CFR 46.102(C), a legally authorized representative is defined as an individual or judicial or other body authorized under applicable law to consent on behalf of a prospective subject to the subject's participation in the procedure(s) involved in the research. Thus, under 45 CFR 46.102(C), the determination of who may be a legally authorized representative is a matter of state or local law. Therefore, it is highly recommended that informed consent procedures, including a definition of the minimum age for independent consent and defining and ascertaining legal guardianship, be submitted for review and approval by the responsible IRBs/ECs prior to initiation of MTN studies involving underage participants.

9.5.7 Additional Considerations for Prisoners

At this time, the MTN does not plan to implement any studies that recruit, screen, or enroll participants from a prison setting. However, it is possible that persons enrolled in MTN studies could become incarcerated during follow-up. Under 45 CFR 46 Subpart C, additional considerations for protection of prisoners as subjects in biomedical and behavioral research are specified, including enhanced IRB/EC review requirements and a requirement to obtain approval for prisoner participation from the Secretary of the DHHS. MTN study sites will comply with the specifications of 45 CFR 46 Subpart C prior to involving prisoners in any MTN research activity. In addition, the current version of the *DAIDS Protocol Registration Policy and Procedures Manual* outlines specific requirements and procedures for involving prisoners in DAIDS-funded research.

9.5.8 Storage of Informed Consent Forms

MTN study sites must maintain, in a confidential and secure manner, the complete, original, signed, and dated informed consent forms of all persons who screen for and/or enroll in MTN studies, in accordance with the specifications of the study protocol and SSP Manual (see also Section 9.5).

9.6 Confidentiality

Study site staff will make every effort to maintain the confidentiality of study participants and information that can be linked to them; however, absolute confidentiality cannot be guaranteed.

Authorized representatives of the following organizations are granted access to participant study records, as needed, to assess the quality of study conduct:

- DAIDS and its contractors, including the Clinical Site Monitoring Group (CSMG)
- OHRP
- Pharmaceutical and other co-sponsors
- CORE, SDMC, and Network Laboratory
- Responsible IRBs/ECs
- U.S. FDA
- Site drug or other regulatory authorities

In addition to efforts undertaken by site staff to ensure confidentiality, the MTN has obtained a Certificate of Confidentiality that protects U.S. study sites listed on the certificate from being compelled to disclose study-related information by any U.S. federal, state, or local civil, criminal, administrative, or legislative act or other proceedings. The provisions of the Certificate of Confidentiality, as well as its limitations (e.g., in cases of reportable harm to self or others), will be included in the informed consent form and will be explained to participants during the informed consent process for each study to which the Certificate applies (see Section 8.3).

9.7 Participant Costs for Study Participation

Unless otherwise specified in the study protocol, MTN study procedures are performed at no cost to study participants.

9.8 Participant Reimbursement for Study Participation

Pending IRB/EC approval, participants may be reimbursed for their time and effort when taking part in MTN studies, and/or be reimbursed for other incurred expenses (e.g., costs associated with travel to study visits, time away from work, child care). Guidance should be sought from local community representatives on appropriate site-specific reimbursement types, amounts, and schedules prior to submission for final IRB/EC approval.

9.9 Access to HIV-related Care

9.9.1 HIV Counseling and Testing

Most MTN studies involve HIV testing. All such testing will be provided in the context of HIV risk reduction and post-test counseling. In accordance with U.S. NIH policies, participants must receive their HIV test results to take part in MTN studies.

9.9.2 Care for Participants Identified as HIV-infected

Most MTN studies will identify persons who are infected with HIV, either as part of the study screening process or during follow-up of enrolled participants. MTN study staff will provide participants identified as HIV-infected with their HIV test results in the context of post-test counseling. MTN studies cannot provide long-term HIV care and/or treatment with antiretroviral medications to persons identified as HIV-infected. However, each MTN protocol contains information on HIV-related care and support that may be made available to study participants who become HIV-infected.

All study sites are required to assess locally available resources for care (not limited to antiretroviral treatment) and to develop a resource list for persons identified as HIV-infected when conducting MTN studies. At a minimum, participants will be assisted through active referral to obtain the local standard of care for HIV-infected individuals. They also will be referred to other available research studies for HIV-infected individuals. For any participant identified as both HIV-infected and pregnant, every effort will be made to facilitate access to interventions to reduce the probability of HIV transmission to the participant's infant.

Further information and guidelines on HIV prevention, treatment, and care may be found on the World Health Organization website: http://www.who.int/hiv/pub/prev_care/en/.

9.10 Communicable Disease Reporting Requirements

MTN study staff will comply with all applicable local requirements to report communicable diseases identified among MTN study participants to local health authorities. Participants will be made aware of all reporting requirements during the study informed consent process.