CHAPTER 5 – Informed Consent

Informed Consent is the knowing consent of an individual or his/her legally authorized representative which is obtained without undue inducement or element of force, fraud, deceit, duress, or other forms of constraint or coercion. Informed consent is not just a form or signature, but a process of information exchange that includes:

- subject recruitment materials
- verbal instructions
- written materials
- questions/answer session
- agreement documented by signature

The investigator must obtain legally effective written informed consent prior to enrolling a subject in a research project unless approval has been granted by the IRB to waive the requirement for informed consent or waive the requirement to obtain written documentation of informed consent. The IRB reviews all informed consent documents for adherence to Federal regulations regarding the required elements of informed consent and for assurance of the adequacy of the information contained in the informed consent. The IRB has the authority to observe or to have a third party observe the consent process and the research (refer to the quality improvement policy). The consent process should provide ample opportunity for the investigator and the participant to exchange information and ask questions. The possibility of coercion or undue influence must be minimized. The IRB evaluates such factors as who will obtain the informed consent, and the timing, including any waiting period, for obtaining consent. In addition, the IRB evaluates how and what information will be communicated during the consent process.

The ETSU IRB and ETSU/VA IRB require the use of a form (see IRB website for template). Policies do not allow informed consent to be obtained using a short form written consent document. Every page of the approved informed consent must be date-stamped and initialed by the IRB Chair or Coordinator and initialed by the participant. The IRB will affix the approval and expiration dates to all approved informed consent documents and stipulate in approval letters that copies of the approved document(s) must be used in obtaining consent.

Whenever the IRB requires documentation of informed consent, before a subject can participate in the research, the consent document must be signed and personally dated by the subject or by the subject's legally authorized representative, and by the person who conducted the informed consent discussion. During the period of prospective enrollment, the investigator (or qualified designee) must ascertain, either during the preliminary telephone interview (interest query) (note: telephone inquiry prohibited by VA policy- see Policy 16), face-to-face encounter or by review of the medical history, the subject’s ability to provide consent (HIPAA regulations regarding sharing/access to PHI apply). Before participation in the research, the subject or the subject’s legally authorized representative must be given a copy of the signed
and dated written informed consent form and any other written information provided to the subjects. During a subject’s participation in the research, the subject or the subject’s legally authorized representative must be given a copy of the signed and dated consent form updates and a copy of any authorizations to PHI, or amendments to the written information originally provided.

Unless the IRB has waived the requirement for informed consent (§46.116 (c) 1-2 or (d)(1)-(4)), or waived the requirement to obtain written documentation of informed consent as provided in §46.117(c)(1) or (2), informed consent must be documented in writing with a long form. The consent document must contain the elements of informed consent required by the regulations. The investigator is required to give the participant or the participant’s legally authorized representative adequate opportunity to read the consent document before it is signed. The form may be read to the participant or the participant’s legally authorized representative. The signature of the participant or the participant’s legally authorized representative must be obtained on the informed consent document bearing the most recent IRB approval stamp. Additionally, the participant or the participant’s representative must date the informed consent document. A copy of the informed consent document must be given to the person signing the form. These actions must be noted in the study records (e.g., participant given a copy of the signed ICD on [date] by [name]). In certain types of research, it may also be useful to also include the time of signing (ICD) along with the signatures and date.

**Level**

The informed consent document must be written using language that can be understood by someone reading at the seventh grade level. Medical terminology should be avoided or defined. The consent form is a statement addressed to the participant and should read as such. Separate forms may be required for different participant groups (parents, children) as well as for release of particular types of information (photographs, audiotapes, videotapes).

**Version Date**

All Informed Consent Forms must bear a version date in the footer on each page of the consent. The version date must be updated whenever a revision is made to the informed consent document. (Refer to modification policy)

Always use the most current approved IRB stamped ICD when obtaining consent.

**Elements**

The informed consent document must contain all the required elements of Informed Consent, as well as any pertinent additional elements.

**Required Elements of Informed Consent**

In seeking informed consent the following information shall be provided to each subject (§46.116, 21CFR50, 21CFR56):

⇒ A statement (introduction) that the study involves research, an explanation of the purposes of the research and the expected duration of the subject’s participation, a description of the procedures to be followed, and identification of any procedures which are experimental
⇒ Possible Risks/Discomforts - state any known risks, side effects. In double-blinded studies, risks or possible reactions should be listed separately for each agent in each arm of the study.

⇒ Possible Benefits - describe potential benefits which might be expected by the subject and society in general. If the individual will receive no benefit this must be stated.

⇒ Financial Costs - list possible financial costs to participant

⇒ A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject. If there are no alternatives, so state. (If there are alternatives, please describe them.)

⇒ Confidentiality - A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained. (Include statement that notes the possibility that specific regulatory authorities may inspect the records (i.e., FDA, DHHS)

⇒ Voluntary Participation - note that participation is voluntary and subject may refuse to participate with no penalties. List point of contact by name and phone number to call to terminate participation (two names and two different telephone numbers are required).

⇒ For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs, and if so, what they consist of, or where further information may be obtained.

⇒ Injury / Complications - An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject. Describe in detail how complications will be handled.

⇒ A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled.

Additional Elements of Informed Consent
Additionally, one or more of the following elements of information must also be provided to each subject if required as indicated below:

⇒ The consent process must include a statement that the particular treatment or procedure may involve risks to the participant which are currently unforeseeable UNLESS the risk profile of all research-related interventions is well known and the research involves no investigational drugs or devices.

⇒ The consent process must disclose that the particular treatment or procedure may involve risks to the embryo or fetus, if the participant is or may become pregnant, which are currently unforeseeable UNLESS the research excludes women of child bearing potential and pregnant women or the risk profile of all research interventions or
interactions on embryos and fetuses is foreseeable or there is no reasonable expectation that this research causes risks to fetuses or embryos.

⇒ The consent process must disclose anticipated circumstances under which the participant’s participation may be terminated by the investigator without regard to the participant’s consent UNLESS there are no anticipated circumstances under which the participant’s participation will be terminated by the investigator without regard to the participant’s consent.

⇒ The consent process must disclose any additional costs to the participant that may result from participation in the research UNLESS there are no costs to the participant that may result from participation in the research.

⇒ The consent process must disclose the consequences of a participant’s decision to withdraw from the research and procedures for orderly termination of participation by the subject UNLESS there are no adverse consequences (physical, social, economic, legal, or psychological) of a participant’s decision to withdraw from the research.

⇒ The consent process must disclose that significant new findings developed during the course of the research which may relate to the participant’s willingness to continue participation will be provided to the participant UNLESS significant new findings during the course of the research which may relate to the participant’s willingness to continue participation are unlikely.

⇒ The consent process must disclose the approximate number of participants involved in the study UNLESS the approximate number of participants involved in the study is not important to a decision to take part in the research.

In addition, see the template for clinical.trials.gov language that is required in applicable studies.

If measures to prevent pregnancy should be taken while in the study, this should be explained in the consent process. If relevant animal data are available, the significance should be explained to potential participants. All Public Health Service (PHS) studies require that when HIV testing is conducted or supported by PHS, individuals whose test results are associated with personal identifiers must be informed of their own test results and provided the opportunity to receive appropriate counseling unless exception criteria are met. This procedure must be described in the ICD.

When in the IRB’s judgment, additional information would be meaningful to participants, the IRB will require that the additional information be given to participants.

VA Required Paragraphs
The only informed consent document that the VA can recognize is the VA Form 10-1086. A VA Form 10-1086 must be used as the consent form for all VA research. The VA Form 10-1086 must incorporate all the elements required by regulations.

Refer to the IRB website, www.etsu.edu/irb, for the most current required language for VA consents.
VA 10-1086s must contain Signature and date lines for the following:

⇒ subject or the subject’s legally-authorized representative, and
⇒ person obtaining the informed consent
⇒ VA consents must include information about where and how a veteran could verify the validity of a study and authorized contacts.

For VA studies, in the event that someone other than the investigator will be conducting the consent interview or obtaining consent, the investigator must provide a formal and prospective delegation of the responsibility of obtaining informed consent (in the protocol or the IRB submission forms). The delegate must have received appropriate training (completed CITI IRB requirements as well as protocol-specific training by the PI). The person, who must be a member of the study team, must be knowledgeable about the research to be conducted and the consenting process, and must be able to answer questions about the study.

The informed consent form must be signed and dated by the subject or the subject’s legally authorized representative, a witness whose role is to witness the subject’s or the subject’s legally authorized representative’s signature and the person obtaining the informed consent.

The original signed 10-1086 is maintained by the Principal Investigator in the study file, a copy is given to the subject, a copy of both the ICD and the (HIPAA) Authorization scanned into the electronic medical record of the subject, and an annotation is made in the progress notes indicating that the ICD had been scanned into the electronic record. (See Policy 13 for restrictions for studies with Certificate of Confidentiality)

**Payments**
Payments to participants for their participation in a research study must be IRB approved. The amount must be commensurate with the expected contributions of the subject. The amount and terms of the payment (check or cash, etc., as well as timing of receipt of compensation) must be stated precisely. The Informed Consent form should reflect a fair and appropriate amount that does not place undue pressure (coercion) to the volunteer.

**For Non-English Speaking Participants**
Regulations require that informed consent be obtained in a language that is understandable to the participant (or to the participant’s legally authorized representative). Validated translations of consent forms must be available for non-English speaking subjects. To address possible questions or concerns raised by the prospective subject, a qualified translator must be present and may act as a witness. Documentation of the qualifications of the translator must be added to the research records and available for administrative or QI auditing upon request.

Unless a waiver is granted by the IRB, a long consent written in a language understandable to the participant and embodying all the required elements is required by the IRB to document the consent process. The IRB requires that the appropriately translated ICD be submitted to the IRB for review and approval prior to their use in enrolling subjects.
The IRB may use expedited review procedures in approving such documents if the English language ICD has already been approved, and the investigator attests in writing to the accuracy of the translation.

**Legally authorized representative**

A legally authorized representative shall be 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. Legally authorized representative is synonymous with legally acceptable representative.  [21 CFR §50.3(l)] [45 CFR §46.102(c)]

A signature line for legally authorized representatives may only be included on the consent document if the IRB approves the enrollment of participants based on the permission of a legally authorized representative.

**For VA Studies:**

**Authorized Person.** The following persons are authorized to consent on behalf of persons who lack decision-making capacity in the following order of priority in accordance with VA regulations at 38 CFR 17.32(e), (g)(3). **NOTE: Consent for research is required in addition to the consent that is obtained for the patient’s nonresearch related treatments and procedures.**

1. Health care agent (i.e., an individual named by the subject in a Durable Power of Attorney for Health Care);
2. Legal guardian or special guardian;
3. Next of kin: a close relative of the patient 18 years of age or older, in the following priority: spouse, child, parent, sibling, grandparent, or grandchild; or

**NOTE:** The persons authorized to consent on behalf of persons who lack decisionmaking capacity for participation in the research may not necessarily be the same as the persons authorized to provide permission for the use and disclosure of information on a HIPAA authorization on behalf of persons who lack decision-making capacity (see VHA Handbook 1605.1)

For non-VA studies, in the case of an incompetent individual or an individual who lacks decision-making capacity, the individuals' health care decision maker (LAR) is designated in order of preference as one of the following:

⇒ Court-appointed Conservator or Guardian of the individual with authority to make health care decisions for the patient

⇒ Person named in the patient’s Durable Power of Attorney for Health Care (DPAHC)

⇒ If the patient does not have a court-appointed guardian or conservator, AND does not have a person authorized to act under a Durable Power of Attorney for Health Care, then both of the following must be true for the individual identified to serve as the surrogate decision-maker for this patient:

⇒ The person identified above is:

- An adult
- Who has exhibited special care and concern for the patient
- Who is familiar with the patient’s personal values AND
- Who is reasonably available to serve as a surrogate

⇒ It appears as though the person can make health care decisions for the patient in accordance with the patient’s individual health care instructions, if any, and other wishes, if known to the health care decision maker. If the patient has not given individual health care instructions, and the patient’s specific wishes are not known, the health care decision maker can make a determination of the patient’s desires or best interests in light of the patient’s personal values and beliefs to the extent they are known.

This person may include, in order of descending preference, the patient’s spouse, the patient’s adult child, the patient’s parent, the patient’s adult sibling, any other adult relative of the patient or another adult who satisfies the requirements listed above.

The investigator must indicate in the application that he/she is requesting to utilize consent of a health care decision maker. The IRB must approve the use of an LAR. The IRB will review the rationale for this request, and ensure there are appropriate safeguards in place.

In addition, if research involving adults who are unable to consent is being conducted outside of the state of Tennessee, the investigator must consult Legal Counsel about which individuals are “legally authorized representatives” when the research is conducted in that jurisdiction. Researchers must submit a copy of this legal opinion to the IRB.

Investigators must obtain a copy of the court order if a court appointed conservator or guardian gives consent. Investigators must obtain a copy of the DPAHC if person named in the patient’s Durable Power of Attorney for Health Care (DPAHC) gives consent. In addition, if an individual identified to serve as the surrogate decision-maker for this patient gives consent, the investigator must document additional information evidencing the person’s qualifications to serve as a surrogate. That information must include how long this person has lived with the patients, how long this person has known the patient and how often this person sees the patient, and any other evidence of the appropriateness of the selected surrogate.

**Exculpatory Language**

Exculpatory language is prohibited. Informed consent, whether oral or written documents, may not contain any exculpatory language through which the subject is made to waive or appear to waive any of the subject’s legal rights, or releases or appears to release the investigator, the sponsor, ETSU, VAMC or its agents from liability for negligence.

**Retention of ICDs**

If the subject is under treatment, and a medical chart is maintained, an original copy of the signed consent document must be included with BOTH the patient’s chart and the research records (HIPAA regulations apply). Additionally, a copy of the consent form must be given to
the participant. (If electronic medical charts are used, a hard copy informed consent must be generated and maintained as per the above guidelines. Annotation will be made in the electronic medical record that the patient is a subject in a research protocol.) (See VA section for VA rules)

**Deferred Consent or Ratification is Not Permitted (e.g., an investigator signs the ICD on behalf of a potential subject)**

Informed consent procedures which provide for other than legally effective, prospectively obtained consent fail to constitute informed consent under the Federal Regulations for the protection of human subjects. Therefore, waiving informed consent using a method other than those described herein and specified in the Federal Regulations is a violation of this policy.

**Telephone Consenting is Not Recommended**

For non-VA studies, an investigator may, however, conduct a preliminary telephone interview to query a participant's interest in possibly participating in the research. If initial contact with prospective study subjects is to be made by telephone, a script of the phone contact is to be reviewed and approved by the IRB prior to use. Similarly if initial contact is to be made by mail, the content of the mailing script and list must be reviewed and approved by the IRB prior to initiation. Following the telephone interview, and under certain circumstances (to be determined by the IRB with evidence of need), the investigator can fax an IRB approved informed consent document to the participant for his or her review. Documentation of this process is critical. The signature page must be witnessed by an individual known to the IRB or notarized, and reflect both the date and time of each signature. Enrollment may begin once the Principal Investigator receives a copy of the signed and notarized consent document. The original document must be immediately (within 24 hours) forwarded to the study file or patient record as appropriate, to be placed in the patient's medical record upon discharge. The date and time that the consent document (signed, notarized original copy) was entered into the patient chart must additionally be noted in the progress notes.

In VA studies, during the recruitment process, researchers must make initial contacts with veterans in person and/or by letter prior to any telephone contact, unless there is written documentation that the participant is willing to be contacted by phone about the study in question or a specific kind of research (e.g. if the prospective participant has diabetes, the participant may indicate a desire to be notified of any diabetes-related research studies.) The initial contact must provide a telephone number or other means that veterans can use to verify the study constitutes VA research. (One source of information about clinical trials is [http://www.clinicaltrials.gov](http://www.clinicaltrials.gov))

**Requiring Signature of Witness**

The institution and the IRB reserve the right to require the signature of a witness on informed consent documents, as a matter of policy, under certain situations. Both the institution and the IRB have the authority to require protections for human subjects that exceed the minimum standards required under federal or state regulations. If the sponsor or the IRB require a witness to the consent process who also witnesses the signature, a note to that effect must be added to the consent document under the witness's signature line.
For VA studies, the witness cannot be the person who obtained consent from the participant, but may be a member of the study team or may be a family member.

**HIPAA**

When the HIPAA Authorization is embedded in the body of the ICD the IRB shall be responsible for reviewing both the content of the Authorization and its appropriateness to the research. When the HIPAA Authorization is attached to the ICD as an addendum (preferred), the IRB Chair, designee of the Chair, or the IRB Coordinator shall be responsible for the review.

**Children**

For participants < than 18 years of age, their parents or legal guardian are the legally authorized representative who may grant permission for their participation in research. When research is conducted in the state of Tennessee, children are all individuals under the age of 18 without exception.

In addition, if research involving children is being conducted outside of the state of Tennessee, the investigator must consult Legal Counsel to determine the definition of who is a "child" when the research is conducted in that jurisdiction. Researchers must submit a copy of this legal opinion to the IRB.

According to the Tennessee Department of Children Services (DCS), applicable policies by virtue of the court order granting DCS legal custody of certain children (e.g., foster children) that department is the agency that is authorized to grant permission for participation in research in their custody. The decision of whether to grant permission for research is made on a case-by-case basis by DCS. In such cases the PI must obtain a copy of the court order from DCS. The case manager (including the case manager’s supervisor(s) or Regional Administrators’ designee(s), the foster parent, and the contract agency caseworker are authorized by DCS to sign consent for routine medical care.

DCS is authorized under Tennessee State law to consent to health care for the child, and therefore can serve as a guardian as defined in Subpart D.

**Applicable State Laws Regarding Reporting Requirements**

1. **Mandatory Reporting of Abuse.** Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition is required to report the harm immediately by telephone to the:

   A. Judge having juvenile jurisdiction over the child;

   B. County office of the department;

   C. Sheriff of the county where the child resides; or

   D. Chief law enforcement official of the municipality where the child resides.

   E. The report will include (to the extent known) the name, address, and age of the child, the name address of the person responsible for the care of the child, and the facts requiring the report.
II. Mandatory Reporting of Sexually Transmitted Disease. Every physician or other person who makes a diagnosis of, treats or prescribes for a case of sexually transmitted disease designated as reportable is required to report the case immediately to the Department of Health. Reports include the name, address, age, sex, race, stage of disease, treatment, and control of the disease.

A. Children 13 years of age or younger must be reported to the Department of Health.

B. Reporting is required for children where sexual abuse is suspected regardless of injury to the Department of Health and the Department of Health will notify the Department of Children’s Services.

III. Mandatory Reporting of Cancer. All laboratories, hospitals, facilities and practitioners are required to report to the Department of Health within 6 months of diagnosis any cancer in an individual if making the initial diagnosis. The report includes the diagnosis, occupation, family history and personal habits of the person diagnosed with cancer. Because of these laws, IRB members must evaluate studies to determine whether disclosure of the implications of the laws is required for legally effective informed consent. Because of these laws, investigators must ensure that the consent process provides participants with accurate information concerning required reporting. Investigators are also responsible for compliance with these regulations.

Payment of Investigators
It is recommended that notice be provided in the Informed Consent Document that is signed and given to the subject if the investigator is to receive payment for enrollment of subjects. When a sponsor requires disclosure, the IRB will accept the statement if the provisions of 45 CFR 46.116(d)(1)-(4) exist and are documented in writing by the sponsor and/or investigator.

Waiver of Informed Consent
DHHS provides for waiving or altering elements of informed consent under certain conditions [§116(c)-(f)]. FDA has no such provisions because the types of studies that would qualify for waiver or alteration are either not regulated by FDA or are covered by the Emergency Treatment provision of FDA Regulation 21 CFR 50.23.

Waiver of informed consent cannot be given when research is subject to FDA regulation.

The IRB may approve a consent procedure which does not include, or which alters, some or all of the elements of informed consent, or waive the requirement to obtain informed consent provided one of the following sets of conditions exists and is documented:

⇒ 45 CFR 46.116(c) (Must meet one of the following criteria from section 1 as well as criteria number 2) (not applicable to research subject to FDA regulation)

1. The research or demonstration project is to be conducted by or subject to the approval of state or local government officials and is designed to study, evaluate, or otherwise examine at least one of the following (a) public benefit or service programs; (b) procedures for obtaining benefits or services under these programs; (c) possible
changes in or alternatives to those programs or procedures; or (d) possible changes in
methods or levels of payment for benefits or services under those programs

AND

2. The research could not practicably be carried out without the waiver or
   alteration.

⇒ 45 CFR 46.116(d) (Must meet all four criteria detailed below) (not applicable to research
   subject to FDA regulation)

1. The research involves no more than minimal risk to the subjects; and

2. The waiver or alteration will not adversely affect the rights and welfare of the subjects and

3. The research could not practicably be carried out without the waiver or alteration and,

4. Whenever appropriate, the subjects will be provided with additional pertinent information
   after participation.

A waiver of parental permission (or student consent if the student is an adult) may not be
granted if the study involves funding from the Department of Education and the study involves
a survey, analysis, or evaluation that reveals information concerning the following categories:

a) political affiliations or beliefs of the student or the student’s parent;

b) mental or psychological problems of the student or the student’s family;

c) sex behavior or attitudes;

d) illegal, anti-social, self-incriminating, or demeaning behavior;

e) critical appraisals of other individuals with whom respondents have close family
   relationships;

f) legally recognized privileged or analogous relationships, such as those of lawyers,
   physicians, and ministers;

g) religious practices, affiliations, or beliefs of the student or student’s parent; or

h) income (other than that required by law to determine eligibility for participation in a
   program or for receiving financial assistance under such program),

In addition, all instructional materials, including teacher’s manuals, films, tapes, or other
supplementary material which will be used in connection with any survey, analysis, or
evaluation as part of any applicable program shall be available for inspection by the parents or
guardians of the children. See FERPA/PPRA brochure for additional information.

Waiver of Documentation of Informed Consent
Under certain conditions, the IRB can waive the requirement that the participant sign the
consent form. However, waiver of documentation of informed consent does not constitute
waiver of informed consent. The IRB reviews the written description of the information that will be provided to participants. The IRB may waive the requirement for the investigator to obtain a signed consent form for some or all participants if it finds either (46 CFR 117(c):

1. That the only record linking the subject and the research would be the consent document, and the principal risk would be potential harm resulting from a breach of confidentiality. Each participant will be asked whether the subject wants documentation linking the subject with the research, and the participant’s wishes will govern. (not applicable to research subject to FDA regulation)

OR

2. that the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required outside of the research context.

In cases where the documentation requirement for informed consent is waived, the IRB requires the investigator to provide participants with a written statement regarding the research.

Confidentiality/ Anonymity

Legal Challenges and Confidentiality
In the informed consent procedure, subjects are often given assurances that the confidentiality of records identifying the subjects will be maintained. Loss of confidentiality may occur however, when a court orders that research files or information be submitted as evidence in a legal matter. The court decides who has access to the files and what information may be required to be provided. Unless there are no identifiers on project materials and subject lists are not maintained, complete confidentiality or records identifying the subjects may be assured only to the extent that disclosure is not compelled by court order. When FDA regulated products are being studied, the informed consent document should state that the FDA may review and copy the subject’s medical records and, if necessary, obtain the identity of the subject.

Inadvertent Disclosure
Security in storage, limitation of access, and coding constitute the best means to minimize risk of inadvertent disclosure to unauthorized parties. Measures to prevent this problem should be described in applications for studies in which the data collected is sensitive.

Certificate of Confidentiality
Certificates of Confidentiality are issued by the National Institutes of Health (NIH) and other HHS agencies to protect personally identifiable sensitive information collected in research from forced or compelled disclosure.

For the purposes of a Certificate of Confidentiality, sensitive information may include, but is not limited to:

(a) Information relating to sexual attitudes, preferences, or practices;
(b) Information relating to the use of alcohol, drugs, or other addictive products
(c) Information pertaining to illegal conduct;
(d) Information that if released might be damaging to an individual’s financial standing, employability, or reputation within the community, or might lead to social stigmatization or discrimination
(f) Information pertaining to an individual’s psychological well-being or mental health.
(g) Genetic information or tissue samples

Certificates of Confidentiality protect researchers and institutions from being compelled by legal demands to disclose information that would identify research subjects. Certificates of Confidentiality add another level of protection, and are a tool to help minimize the risks to subjects by further protecting the confidentiality of private information.

Certificates of Confidentiality can be requested by applying to the NIH. http://grants.nih.gov/grants/policy/coc/index.htm

Consistency of consent with contract
For initial studies with an associated contract, the PI is responsible for submitting a copy of the contract or at minimum, a copy of any contract pages that reference provisions for medical care or other care and services for research-related injury. ETSU’s Sponsored Programs contract staff are responsible for verifying that there is consistency for provisions of medical care or other care or services for research-related injury between the consent document and contract.

If verification of consistency between the consent document and the contractual language regarding provisions of medical care or other care or services for research-related injury is not available at the time of initial review, a final IRB approval will not be issued until this verification by Sponsored programs is obtained.

Principal Investigators are responsible for verifying consistency of language between the contract and the consent document before submission to the IRB. If revisions are subsequently made to the sections of the contract pertaining to provisions of medical care or other care or services for research-related injury, the PI is responsible for submitting the revisions to the IRB. The IRB Coordinator will forward to Sponsored Programs contract staff for verification of consistency.

This policy applies to all studies with an associated contract.