Recruitment and Informed consent procedure template

1. All clinical trials *(This section should be completed for all trials)*

1.1	How will potential participants be identified? *(e.g. publicising the trial or via existing patient lists)*

Potential subjects may be identified for this study in several ways:

- At clinic visits
- Referral (from other doctors)
- Database search
- Self-referral (from another practicing location to the clinical trial site)
- Patient Advocacy Groups (PAG)

Potential subjects may be identified for this study in several ways:

1. Potential subjects will be identified from those patients currently under the care of the research doctors (principal investigators and sub-investigators) involved in the trial. These potential subjects will be identified following a review of their medical notes by the investigator or delegate.

2. Patients under the care of the colleagues of the investigators at the same *institution* may be referred to the investigator or delegate to be reviewed for participation in the trial. Before the referral the patient's doctor will have discussed the potential treatment options with the patient, including the option of participation in clinical trial. The patient would need to agree to the referral. The investigator would then discuss the trial in detail with the patient and review the patients' medical notes to ensure the patient is suitable for the trial.

3. Patients under the care of a consultant at a different hospital may be referred to the investigator for participation in the trial (this may be in response to a request for referral for participation in this or other clinical trials or following discussion in a multidisciplinary meeting). Before the referral, the patients current doctor will have discussed the various treatment options with them, including the option of participation in a clinical trial, and the patient would need to agree to the referral. The investigator would then discuss the trial in detail with the patients and review the patient medical notes to ensure that are suitable for the trial.

4. Patients themselves may become aware of the clinical trial through accessing public websites such as clinicaltrials.gov, or if the study is posted on a national website, or if the institutions conducting the study have a policy of placing details of ongoing studies on their own websites. If patients become aware of the trial through this route, then

they are to discuss it with their current doctor and if deemed appropriate a referral will be made to one of the investigators conducting the study.

Medical records will only be accessed by someone with legitimate access.

1.2	What resources will be used for recruitment? *(Describe the format of the resources, e.g. paper or electronic and how these will be presented to potential participants e.g. via the post, in the clinic, through social media or on the radio)*

The following resources will be used:

Patient facing – Pre-consent:

- Brochure - to be provided on paper to the patient in the clinic
- Websites - Patients themselves may become aware of the clinical trial through accessing public websites such as clinicaltrialsregister.eu, any national trial registry website or any institutional trial register website. "Advertising" the trial to patients via the internet will not take place, hence ethics approval is not being sought for this.

Consent documents:

- Patient Information sheet and Informed Consent form – to be provided on paper to the patient in the clinic
- Adult Study Information and Informed Consent Form for Pregnant Partners Of Study Participants (as needed) – to be provided on paper to the patient in the clinic
- Consent Form for Optional Genomics Initiative Research (as needed) – to be provided on paper to the patient in the clinic

Patient facing – Post-consent:

- Visit guide – easy reckoner (in paper) for the participants to know their study visits schedule
- Patient support/appreciation items – Notebook and small Totebag, totaling to less than USD 25 in value.
  - Notebook. The notebook is intended to help participants keep track of information at visits and at home to discuss with the study staff.
  - Small tote bag: The small totebag is intended to help the participants carry any paperwork/medication lists or bottles to and from the study site.

Site-facing – Post-consent:

- Participant Follow-up and Withdrawal of Consent Checklists – to be used on paper by the investigator (or delegate) if the participant temporarily or permanently discontinues from the study.

Patient Advocacy Groups (PAG) engagement items:

- PAG slide deck – could be paper and/or electronic

1.3	Will identification of potential participants involve access to identifiable information? If yes, describe what measures will be in place to confirm that access to this information will be lawful *(in accordance with Member State requirements)*.

Identification of potential participants will involve access to identifiable information. Personal information in medical records or in a clinic database may be reviewed by the investigator to identify suitable participants against the protocol criteria. The medical records of potential participants may also be reviewed to identify if the participant is eligible for the study prior to contacting them.

If the investigator is not the patient's care provider, then patient's current physician would seek agreement from the patient to refer them for a potential clinical trial as per the standard referral process. Upon receipt of this referral the investigator or delegate would contact the patient regarding the study.

Medical records will only be accessed by someone with legitimate access.

1.4	Who will be approaching potential participants and who will be obtaining informed consent? *(Describe the professional role and whether there is a prior clinical relationship with potential participants)*

MAIN STUDY INFORMED CONSENT FORM FOR ALL PATIENTS

A qualified investigator or appropriate delegate e.g. advanced nurse practitioner who is knowledgeable about the study and fully trained in ICH GCP will obtain informed consent from the participant. Participants will be informed about the study by the investigator or delegate (often in conjunction with a study nurse). They will explain to the participant the procedures, risks and benefits, their rights, etc. and allow as much time as is necessary for the participant to ask questions and fully understand the study and the implications of participation.
The participant will be given as long as they need to review the Patient Information Sheet and discuss the study with friends and relations if they wish. If the participant is still interested in participating in the trial after they have had time to consider it, the participant will be given the opportunity to ask any further questions they may have. If the participant agrees to participate and once the person taking informed consent is confident that the participant has fully understood the study, the informed consent form will be signed by the participant and details relating to the consent process will be documented in the participant's medical records. The participant is then considered to be recruited into the study, an enrolment number will be allocated, and study related procedures can commence.

Written informed consent will be obtained before conducting any study related procedure. Refusal to participate will involve no penalty or loss of benefits to which the participant would otherwise have been entitled.

1.5	When will free and informed consent be obtained? *(Describe when and where informed consent will be obtained and how privacy will be ensured)*

After an initial review of the patient's medical records to check suitability against the protocol inclusion/exclusion criteria, a member of the research team will approach the potential participant. The site staff will provide the patient information sheet to the potential participant.

Patients will be seen at the research site where they can have a considered discussion with the person taking informed consent. Prior conversations between patient and study team member may also take place e.g. via telephone. Informed Consent will be obtained prior to any study related procedure being undertaken.
Only authorised members of the study team, as delegated by the Principal Investigator, will be permitted to obtain informed consent from patients.

Information of potential participants will not be made available to persons external to the institution, only information from subjects that have provided informed consent for the study may be reviewed by external parties in line with the Informed Consent form.

Following the participant's written informed consent, appropriately qualified representatives from the Sponsor Company (monitors and auditors) and people or organisations providing services for or collaborating with the sponsor (CRO) will have direct access to participant's medical records, in order to fulfil the requirements of ICH GCP through monitoring the data. Other parties such as inspectors of competent health authorities worldwide, and independent audit group or people designated by the Ethics Committee can also have access to this source data if they wish to inspect it. This information is provided to the participant in the Patient Information sheet and Consent Form, and by signing this form the participant is giving permission for these persons to have access to their data. The Alexion study team involved with the conduct of the study (and any third parties involved) will only have access to coded and/or anonymised data generated by the study.

1.6	How long will potential participants (or their legal representative) be given to decide whether to participate?

The participant will be allowed as much time as they feel they require to decide whether to participate in this study - there will be no stipulated minimum or maximum time in which the patient has to provide informed consent as this can vary from individual to individual.

1.7	How will it be assured that potential participants (or their legal representative) have understood the information, and that consent is informed? *(This should include how the informational needs of individuals will be identified and addressed)*

A qualified investigator or delegate who is knowledgeable about the study and fully trained in ICH GCP will obtain informed consent from the participant. Participants will be informed about the study by the investigator or delegate. They will explain to the participant the procedures, risks and benefits, their rights, etc. and allow as much

time as is necessary for the participant to ask questions and fully understand the study and the implications of participation.

The participant will be given as long as they need to review the Patient Information Sheet and discuss the study with friends and relations if they wish. If the participant is still interested in participating in the trial after they have had time to consider it, the participant will be given the opportunity to ask any further questions they may have.

If the participant agrees to participation and once the person taking informed consent is confident that the participant has fully understood the study, the informed consent form will be signed by the participant and the person(s) participating in the interview with the participant and/or investigator. Details relating to the consent process will be documented in the participant's medical records.

1.8	What arrangements are in place to obtain informed consent from potential participants (or their legal representative) who do not speak the national language?

It is felt that despite potential language barriers, all patients should be offered the opportunity to enter clinical trials, unless any study-specific requirements prevent the patient from understanding study procedures. All study documentation for use in Italy has initially been prepared only in Italian language, however the Patient Information sheet and Consent Form can be translated into other languages if the investigator feels this is required. This translation will only be carried out on the approved Patient Information sheets and Consent Forms.

Although translating the ICF into the patients language before informed consent is obtained from a patient is the preferred option, translations can take several weeks to arrange. Given this study is in Anti-Neutrophil Cytoplasmic Antibody (ANCA)-Associated Vasculitis patients, it is important that the time from identification of disease to starting treatment is as short as possible, therefore it may not always be possible to obtain a written translation of the ICF into the patients local language before they need to commence treatment. If this situation arises we propose the following:

1. Patient who cannot speak Italian is identified by investigator or delegate as potentially suitable to participate in the study.
2. Investigator or/ delegate notifies Alexion of the need for a translation of the current approved Patient Information and Consent Form to patient language. Alexion arranges translation as soon as possible.
3. The investigator will identify a suitable translator/interpreter (whether that be via a translation phone line or translator in the clinic – whatever the site local practice is). The investigator must then begin by assuring the patient of the confidential nature of the exchange and seeking consent to use the translator/interpreter. If the patient confirms they are willing to agree with potential participation with the use of a translator/interpreter, this will be documented in their medical notes. A discussion between the patient and investigator or delegate will then take place

via the translator/interpreter regarding the study. The patient will be given as much time as they need to consider participation. If the patient wishes to enter the study they will be asked to sign the Consent Form. If the translator/interpreter is present in the room, they will also be asked to sign the consent form; however if the translator/interpreter is only present by phone then the investigator or delegate will annotate the Consent Form to document this.

4. Alexion will provide investigator or delegate with the translated Patient Information and Consent Form as soon as this is available – the same version as the italian language version the patient signed previously. The patient is then asked at their next clinic visit to read the Patient Information sheet which is in their language and if they wish to remain in the study they will be required to sign and date the translated Consent Form – at this point they may already have commenced treatment in the study.

We would only apply this process to particular patients for whom, in the opinion of the investigator or delegate, the best available treatment option is to be offered the opportunity of immediate participation in this study i.e. to wait for a translated Patient Information and Consent Form could be detrimental to the care of the patient.

1.9	How will it be ensured that participants can withdraw their consent at any point? *(This should include how any potential consequences of consent withdrawal will be dealt with)*

A patient can withdraw their consent to continue participation in the study at any time without giving a reason. This will be made clear during the consenting process and is indicated in the Patient Information sheet. Their decision will not affect their relationship with the investigator or their treating physician nor will it affect the quality of their future medical care.

1.10	Please provide any further information, in relation to the procedure for recruitment and informed consent for the clinical trial, which has not been provided elsewhere in this document. *(It is recommended that you refer to national guidance to ensure that all required information has been provided)*

If new information relating to the study becomes available Alexion will inform the investigator. The investigator will notify the participant and they will discuss whether the participant wishes to continue in the study or not. If the participant decides to withdraw from the study, the investigator will make arrangements for the participant's clinical care to continue. If the participant decides to continue in the study then they may be asked to sign an updated consent form.

1.11	In case this form is used also to describe recruitment arrangements (Annex I K59), please provide a clear indication of what the first act of recruitment is

The first act of recruitment will be the completion of informed consent by the first participant.

2. Clinical trials where consent witnessed by an impartial witness will likely be used.

Where a participant is unable to write, consent may be given and recorded through appropriate alternative means in the presence of at least one impartial witness. The witness is required to sign and date the informed consent document.

2.1	Why is it expected that an impartial witness might be required?
An impartial witness is required if the participant or the participant's legally authorized representative speaks and/or fully understands the language of the approved informed consent form, but cannot read and write due to any physical impairment or is visually impaired. An interpreter is necessary when the investigator doesn't speak the language of the patient.	
2.2	How will an impartial witness be identified?
An impartial witness is a person who is independent of the trial and cannot be unduly influenced by the people involved with the trial. Staff nurse or technician is usually not regarded as impartial witness as they can be unduly influenced by the investigator.	
2.3	How will it be known that the potential participant gives their informed consent?
It is the responsibility of both the investigator and the impartial witness to confirm that the information on the objectives and procedures of the trial was adequately provided, that the participant (or his/her legal representative) understands the trial and that consent to participate in the trial is freely given.	