Corporate Guidance: Remote Study Visits During COVID-19 Pandemic

Scope:
This guidance will be utilized in conjunction with Sponsor-provided guidance in the development of Remote Subject Visits (also referred to as Telehealth) during the COVID-19 pandemic at Evolution Research Group (ERG) portfolio companies.

Purpose:
The purpose of this guidance is to express ERG's desire to facilitate ongoing trials with the use of virtual visits, where able, during the COVID-19 pandemic.

Following the guidance from the Office of Civil Rights at the Department of Health and Human Services (HHS) on the use of telemedicine during the COVID-19 national health emergency:

- https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html

"…covered health care providers may use popular applications that allow for video chats, including Apple FaceTime, Facebook Messenger video chat, Google Hangouts video, Zoom or Skype, to provide telehealth without risk that OCR might seek to impose a penalty for noncompliance with the HIPAA Rules related to the good faith provision of telehealth during the COVID-19 nationwide public health emergency."

This policy on virtual visits will be ERG's preferred method in conducting remote trial visits and assessments, but may vary on a case by case basis as it pertains to a particular trial, Sponsor, or study participant's preference while in accordance with, and not limited to any applicable FDA, CDC, WHO, and OHRP regulations and/or guidelines.

Note: When referencing a study subject, this may also apply to their Caregiver or Legally Authorized Representative (LAR) as the situation applies.

Procedure:

1. ***Evaluation of Feasibility and Applicability***
    a. All remote considerations must be jointly agreed upon between the Sponsor and the Investigator site. A plan should be developed that outlines what components of the trial will be done remotely and the management of those components and documentation submitted to the IRB.
    b. The Informed Consent Document (inclusive of compensation), Study Protocol, and supporting manuals must all be reviewed and further evaluated for any potential changes and subsequent approval prior to executing remote visits on a trial.
        i. Note: FDA regulations allow for changes to be made to the investigational plan or protocol without prior FDA review or approval, *if the change is intended to eliminate an apparent immediate hazard or to protect the life and well-being of subjects.* Therefore, changes in protocol conduct necessary to immediately assure

patient safety, such as conducting telephone or video contact visits for safety monitoring rather than on-site visits, can be immediately implemented with subsequent review by the IRB and notification to FDA. Should the situation arise, it should be communicated to the IRB at the first available opportunity. Refer to the *FDA Guidance on Conduct of Clinical Trials of Medical Products During COVID-19 Public Health Emergency* for more detail.

c. Points to consider may include, but are not limited to:
    i. Maintaining scientific validity
    ii. Protecting against endpoint vulnerabilities
    iii. How close can we remain without much deviation to the actual assessment
    iv. What solutions will be considered: Phone, Video, Home Health Care, new vendors (e.g., local labs), IP management, consenting, etc.)
    v. What equipment is needed (both to conduct the visit, but also for the assessment such as weight scales, BP machines, etc.)
    vi. How will source documents be completed and maintained
    vii. What required Essential Documents are needed to fully execute (e.g., Delegated tasks on Delegation Log, Training for potential home health care vendors, etc.)
d. In the absence of a protocol amendment, a checklist should be completed that the sponsor approves that outlines the deviations and decided contingency plans for each assessment. The checklist should capture the assessment required per protocol and how the assessment will be completed for each visit moving forward.
    i. Example: Weight: Scale will be provided to subject. Will observe and document weight measurement at each applicable visit by way of video with clinical staff.
    ii. NOTE: In home visits are ONLY allowed if IRB approval is obtained first, no exceptions.

2. ***ERG Remote Visit Capabilities***
    a. If the use of virtual visits will be utilized, it is important to ensure the following considerations are evaluated internally at the clinic (including, but not limited to):
        i. Visual and sound qualities are tested
        ii. Dedicated space is reserved free from distractions and is private
        iii. Ensure equipment is fully charged or is plugged in before the visit begins
        iv. Close all unnecessary programs
        v. Use the right browser
        vi. Make sure you have the right support team on hand in case any issues are experienced during the visit (e.g., IT)
        vii. Have the subjects records and source available
        viii. Critical to continue to discuss with the subject during the visit exactly what you are doing (e.g., writing notes) so that they feel fully engaged in the visit

b. Microsoft 365 Teams (in alignment with 21 CFR Part 11 regulations and HIPAA compliance)
    i. Create a Teams invite using Outlook and send to subject and attach the IT Home Technology Survey and basic instructions to use Teams
    ii. Subject will receive the invite and when scheduled will click on the embedded link
    iii. No software is necessary as the subject will be able to use their web browser or mobile device to connect to meeting
c. Video
    i. Microsoft Teams is capable of sharing video between subject and provider
d. Online Chat/Texting
    i. Teams can be used for exchanging text messages and chat.
    ii. If the chat/text features are utilized, the site must print and retain these as source records in the subject's files.
e. Electronic Documents (e-source)
    i. E-source may be utilized on a case by case basis and will be managed under the sponsors selected vendor.
    ii. If ERG's eSOURCE through RealTime will be used, follow the applicable Work Instructions for RealTime CTMS.
f. Home Visits by Home Health Care or Clinical Research Site Staff
    i. For Home Health Visits, ensure the proper training and documentation of Research Staff member or third party is collected including, but not limited to:
        1. GCP Training and Certification
        2. Protocol Training
        3. Task specific training
        4. Visit preparations (e.g., equipment needed, documentation needed, environment and safety assessment completed)
        5. Logistics Evaluated
        6. Once deemed prepared and qualified to conduct the tasks, they are then delegated
    ii. Other considerations prior to going to a subject's home:
        1. Always have a phone
        2. Inform site director or designee location and time of expected visit
        3. Wear a name badge to identify yourself
        4. All needed supplies are prepared and placed in dedicated transport containers (ensure ample amount of Chux/Disposable underpads to place under equipment or for an assessment)
        5. What procedures should be trained on differently for the field (e.g., manual BP measurements)
        6. Consider timelines when completing visits – how long you must get blood to a centrifuge, time to administer medication, etc.
        7. Confirm plan with sponsor
    iii. If Paper Source Documents are being utilized in conjunction with Home visits, it must be determined what method the source documents will be completed.

1. If Source will be filled in at the home: Source must be required to be brought back to the clinical research facility immediately after the visit. A method to track the chain of custody of the records will be established. If something prevents the source records from returning with immediacy, then this must be documented, indicate when they will arrive, and photographs of the source pages must be sent to the site until they are received.
2. If source will not be filled in at the home: The source may be completed at the clinical site if video surveillance of the visits is being done in real time with a home health worker. It must be documented in source that the person that filled it in was a witness to the visit and observed the dates/times/data being collected by the delegated staff member.

g. All decision and plans will have PI involvement and oversight. Further, it should be documented that they have evaluated the decisions and agree to the terms. This may be reflected in a Note to File on a Study Level or a Subject Specific level depending on where the changes reside.

3. Obtaining Consent from Subjects

Consent must be obtained in accordance with FDA regulations. However, amid the COVID-19 pandemic, the following may be considered:

a. Consenting at the Clinic
   i. Subjects are always presented with an option to come to the clinic to sign their initial informed consent document, pending clinic activities are open and able to accommodate. When the option is not feasible for the clinic or the subject, one of the options below may be considered.

b. Consenting Remotely with Paper
   i. When it is not possible to consent electronically, the following steps should be considered (in alignment with the *FDA Guidance on Conduct of Clinical Trials of Medical Products During COVID-19 Public Health Emergency).*
   ii. A paper copy of a consent document will be either emailed or mailed to a potential subject.
   iii. One received the subject will take the time to review the consent document and then contact the site to set up a mutually convenient time to conduct the consent review process.
   iv. The consent will be executed by phone or video. Note: Verbal consent to continue with that method is required before continuing.
   v. The consent process must contain an impartial witness (three-way call between Investigator/designee, subject and witness).
   vi. Once completed, the subject will sign the consent document. The subject will then verbalize they would like to participate in the trial and have signed the consent document. The consent will be sent back to the clinic in a Self-Addressed Stamped Envelop provided by the research staff.

vii. If the site does not want to introduce exposure risk with the return of a consent document or risking the exposure of a subject to leave their homes to mail it, then you can provide: A dated attestation by the witness who participated in the call and by the investigator that the patient confirmed that they agreed to participate in the study and signed the informed consent, **OR**, A photograph of the informed consent document with attestation by the person entering the photograph into the study record that states how that photograph was obtained and that it is a photograph of the informed consent signed by the patient.

viii. A copy of the informed consent document signed by the investigator and witness should be placed in the patient's trial source documents, with a notation by the investigator of how the consent was obtained (e.g., telephone call). The trial record at the investigational site should document how it was confirmed that the patient signed the consent form (i.e., either using attestation by the witness and investigator or the photograph of the signed consent). The note should include a statement of why the informed consent document signed by the patient was not retained (e.g., due to potential contamination of the document by infectious material).

c. Consenting with DocuSign
    i. Consent will be emailed to a subject.
    ii. Subject will contact the site when they are ready to begin the consenting process
    iii. Consent will be reviewed over the phone or video. Note: Verbal consent to continue with this method is required before continuing.
    iv. Once ready to sign, subject will do so via DocuSign on the computer and send it back to the site. Subject will receive a DocuSign document from DocuSign via email sent on behalf of sender. They will review the document and agree to sign electronically by reviewing the consumer disclosure and select the checkbox **I agree to use Electronic Records and Signatures.** Subject starts the signing process and clicks **Adopt your signature** to complete process. Once document is signed it is emailed back to site for review.
    v. The site will not proceed with any study assessments until the consent document has been received via email from the subject and the site further signs the consent document for a fully executed ICF.
d. Consenting with e-consent
    i. At this time, functionalities for e-consent will only be offered if the Sponsor provides this service.
e. Visit Pre-Requisite Consent
    i. If an IRB approved study consent does not contain language about conducting virtual visits, then a verbal confirmation to continue with the visit must first be obtained and documented. An IRB approved consent must be obtained as soon as possible.

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