VA Northeast Ohio Healthcare System (VANEOHS)
Medical Research Service
Standard Operating Policy/Procedure (SOP)

Effective Date: 06/04/2020
SOP Title: Mayo Clinic Convalescent Plasma
SOP Number: HSP-032
Version: 01

A. Purpose:

The purpose of this Standard Operating Procedure (SOP) is to document the process for communication between the VA Northeast Ohio Healthcare System and the Mayo Clinic Institutional Review Board

B. Background:

The FDA is working in conjunction with the Mayo Clinic IRB for IRB review and oversight of the expanded access program: Expanded Access to Convalescent Plasma for the Treatment of Patients with COVID-19 (EAP). The VHA Office of Research and Development (ORD) has executed a national level agreement between ORD and the Mayo Clinic IRB to enable VA facility participation in the expanded access program. VA Northeast Ohio Healthcare System has received approval from the Veterans Health Administration (VHA) Office of Research and Development (ORD) to participate under this national agreement. The VA Northeast Ohio Healthcare System institutional official has signed a concurrence agreement to be included under the national agreement with Mayo Clinic IRB and by signing has agreed to fulfill the institutional responsibilities specified in the national agreement.

This SOP is supplemental to the VA medical facility Human Research Protection Program (HRPP) SOP located at https://www.clevelandvaresearch.org/research-sops and is consistent with the Mayo Clinic IRB Standard Operating Procedures (SOPs). The Mayo Clinic IRB SOPs are located in the online: https://www.mayo.edu/research/institutional-review-board/irb-policy-manual.

C. Reporting of Serious Adverse Events:

For purposes of this expanded access program, all reporting to the IRB will be done using Mayo REDcap. Reporting of all serious adverse events will occur by using the Serious Adverse Event reporting form located at https://redcap2.mayo.edu/redcap/surveys/?s=KC3MPMWXFK&_ga=2.65232039.829344447.1587050086-135108564.1586169755. This form is also located at the Mayo Clinic Convalescent Plasma website at https://www.uscovidplasma.org/ under the “Physician Workflow” header.

For other communication with the Mayo Clinic IRB for this expanded access program, please use the following email: uscovidplasma@mayo.edu or 507-266-4000.

The Mayo Clinic REDCap database resides behind multiple layers of physical security. Additionally, when a user submits a form, it is transmitted with a secure Https encrypted connection. All inbound network traffic is monitored 24 hours a day and any web traffic without the proper, secure token will be immediately blocked. This has been approved by the FDA.

D. FWA Updates:

No updates to the FWA or VA Addendum are required to rely on the Mayo Clinic IRB.

E. Institutional Official Responsibilities:

(1) The VA Northeast Ohio Healthcare System Institutional Official (IO) reviews the national VHA and Mayo Clinic IRB Authorization Agreement and Division of Responsibilities. This agreement replaces the VA Memorandum of Understanding (MOU) for IRB services (VHA Handbook 1058.03).
(2) The VA Northeast Ohio Healthcare System Institutional Official (IO) signs the facility agreement document concurring with the VHA and Mayo Clinic IRB national authorization agreement and agreeing to fulfill the facility responsibilities.
(3) The Office of Research Oversight (ORO) does not require updates to the agreement for changes of Institutional Officials.
(4) Formally reports unanticipated problems, serious and/or continuing non-compliance, and suspension or termination of study activities originating at VA Northeast Ohio Healthcare System as required by VA policy to ORO and external federal agencies or oversight bodies.

F. Research & Development Committee (R&DC) Responsibilities:

(1) The R&DC may review the protocol by convened or designated review procedures as allowed by local policy.
(2) Ensures that the investigator and study personnel have the resources, experience and training needed to conduct the EAP, all members of the team have been credentialed, privileged, have an approved Scope of Practice if applicable, and have completed training required by VA and the IRB in the protection of human subjects.
(3) Oversees the local regulatory aspects of the EAP and reviews protocol non-compliance reports.
(4) Ensures protocol is compliant with VA Northeast Ohio Healthcare System requirements related to the protection of human subjects.
(5) Ensures the VA Northeast Ohio Healthcare System conflict of interest policy will be followed, and relevant determinations and/or management plans will be forwarded to Mayo Clinic IRB per the IRB SOPs.
(6) Reviews all determinations by the IRB of any reported incidents or unanticipated problems and/or serious or continuing noncompliance for acceptance or further action. Ensures any remediation is completed.

(7) Is authorized to observe any aspect of the EAP process including observing the informed consent process. The IRB retains the authority to direct this to be done when necessary by VA Northeast Ohio Healthcare System.
(8) Ensures reviews by any R&DC subcommittees are complete before the study is approved.

Please note: SRS review is not required.

(9) Ensures that the study may not begin at VA Northeast Ohio Healthcare System until the R&D Committee approves the EAP study and the ACOS/R notifies the Principal Investigator in writing that he/she is authorized to initiate the study.
    a. If multiple Investigators register to be Principal Investigators, only one R&D Committee approval of the protocol is required. However, the ACOS/R&D letter must include the names of all of the Principal Investigators.
(10) Conducts an annual review of the Mayo Clinic IRB and submits to the VA Facility Medical Center Director as required by ORD policy in VHA Directive 1200.01. ORD's recommendation for this review is whether policies and procedures were followed for review and approval of the protocol. However, the review can include, but is not limited to, communication between entities, changes in MOUs or other agreements, change in processes, and challenges.
(11) Provide a mechanism to receive and address concerns from local study participants and others about the conduct of the EAP.
(12) Ensures formal notification in a timely manner to the IRB whenever there is a proposed change in Principal Investigator.
(13) Notify the IRB when a regulatory deficiency has been cited on an audit that occurred during the time that the IRB was responsible for study oversight.
(14) Determine if non-Veterans should be enrolled in a study at VA Northeast Ohio Healthcare System.

Please note: VA Facility Privacy Officer review is not required.

G. VA R&D Service/Office:

(1) Verifies that the following forms and agreements are signed and executed by the VA Northeast Ohio Healthcare System prior to use of the Mayo Clinic IRB and maintained in a current status:
    a. This Mayo Clinic IRB SOP with review by the R&D Committee per local policy.
    b. The National VHA and Mayo Clinic Authorization Agreement.
    c. The Facility Concurrence Document signed by the Facility Director.
(2) After submitting the Facility Concurrence Document to ORD and ORO the research office must register the facility through the Mayo Clinic Convalescent Plasma Expanded Access Website.
(3) Correspondence from the Mayo Clinic IRB will be sent to the Local Site Investigator as indicated above, for inclusion in the Study Regulatory Binder.

(4) The local investigator will and deliver copies of the documents to the R&DC coordinator who will, as appropriate, triage documents to oversight committees and oversight officials for action and maintain project files.
(5) Ensure notification of the Research Compliance Officer (RCO) of the signed authorization agreement and this supplemental SOP including IRB specific reporting mechanisms.
(6) In the event of a change in the PI, ensures coordination with the departing Local Site Investigator, the sponsor and the IRB. Notifies the R&D office and coordinates with the new PI a transfer of the approved study, after the R&D office confirms that the proposed new PI has the appropriate credentials to proceed as PI.
(7) Manage evaluation of financial conflict of interest.
(8) Provides tracking for protocols and correspondence.
(9) Promptly updates SOPs for changes in the IRB requirements and inform the research community affected.
(10) Maintains current FWA and access to a copy of the current IRB roster.
(11) Reviews documentation received by the Mayo Clinic IRB. Is not required to receive Mayo Clinic IRB minutes or report Mayo Clinic IRB roster changes. Minutes are provided to VA medical facilities upon request if needed.

VA Privacy and Information System Security Officers:

(1) The local PO review is not required.
(2) Local ISSO review is not required. The Office of Information Security Research Support Division ISSO review has certified that certify that protocol meets VA security requirements and other regulatory requirements for access, maintenance, transmission, and storage of VA research data. This documentation is located on the ORD COVID-19 SharePoint Site in the Expanded Access convalescent plasma folder at https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19.

Research Compliance Officers Responsibilities:

The RCO is not required to audit the Expanded Access Protocol.

Local Principal Investigator (PI) Responsibilities:

(1) Register as a local Physician/PI in the Mayo Clinic Convalescent Plasma Expanded Access Website.
(2) Ensure that study staff have been appropriately credentialed and privileged as applicable and have completed all required IRB and VA training in the protection of human subjects.
(3) Ensure all study staff changes are reported to the R&D Committee at continuing review. PI changes must be submitted to the R&DC and approved prospectively.
(4) Submit a completed/signed Conflict of Interest Disclosure for investigators. VA Northeast Ohio Healthcare System COI procedures are detailed in Medical Center Policy 151-014 “Research Service Financial Conflict of Interest.”

(5) Ensure non-Veterans are not enrolled without approval by the R&D Committee.
(6) Ensure that the IRB-approved VA Informed Consent Addendum is attached to the Mayo IRB approved primary informed consent documents and HIPAA authorization when presented to and signed by participants. The authorization is embedded in the informed consent and no additional HIPAA authorization is required.
    a. A coversheet may be used to add: Local site name; Local physician/PI name; Local IRB and/or research advocate phone number and/or additional contact information; Local instructions unique to the center and research operations; Unique identifying information i.e., bar code that allow you to assist the physician/PI in tracking the consent forms and maintaining storage, digitally or in paper; Additional language which does not alter the risk/benefits section or the main consent language in any material manner. For COVID-19 EAP ensure VHA ORD guidance on informed consent is followed. Guidance is located on the ORD COVID-19 SharePoint site.
(7) If an exception from informed consent is obtained as approved by the Mayo Clinic IRB for this expanded access program, ensures that all documentation requirements are met as per 21 CFR 50.23, including:
    a. Ensure the second physician puts a note in the patient's medical record indicating their concurrence of the patient participating in the expanded access program by Mayo Clinic.
    b. Ensures informing the patient or the LAR, as time progresses, of the patient's enrollment in the study and answer their questions.
(8) Ensure patient eligibility and program procedures are followed appropriately.
(9) Register eligible and consented patients into the Mayo Clinic program website.
(10) Write progress notes as appropriate.
(11) Investigate and notify the Mayo Clinic IRB and R&DC per the reporting requirements described in the Mayo Clinic IRB “Submitting a Reportable Event to the IRB” policy upon becoming aware of any complaints from subjects or others, unanticipated problems involving risks to subjects or others; serious adverse events (whether anticipated or unanticipated; whether related or unrelated to the research); suspension or termination of activities; serious or continuing noncompliance; protocol deviations; and privacy or information security incidents encountered in VA human subjects research.
(12) Responsible for proposing/preparing a management/remediation plan to the R&DC and the IRB for local potential unanticipated problems and possible serious or continuing noncompliance.
(13) Maintain a regulatory file for the study under IRB purview as per local institution and sponsor policy.
(14) Ensuring that study-related information from the Mayo Clinic IRB is communicated to the VA facility.
(15) Notify the IRB if a subject becomes incarcerated during participation in a study.
(16) Notify the IRB if a female subject becomes pregnant during her participation in a study.
(17) Maintain compliance with state, local, or institutional requirements related to the protection of human subjects.

(18) Comply with all IRB and VA Northeast Ohio Healthcare System requirements related to the protection of human subjects and adhere to responsibilities detailed in VHA Directive 1200.05 investigator section. Form FDA 1572 is required. VA Form 10-9012 is not required.
(19) Notify the IRB and research office in the event of a proposed change in PI or a planned leave of absence.
(20) Mayo Clinic IRB expects the PI to initiate the process for change of PI and requires the sponsor to approve and the institution to approve prior to submission to the IRB.
(21) Acts as the point of contact for the IRB should they have any questions about the EAP proposed or being conducted at VA Northeast Ohio Healthcare System, not on behalf of the institution.
(22) With reasonable advanced notice the PI will meet with Mayo Clinic IRB representatives when requested.
(23) The PI will forward documents/communication to the research office per local policy.

Additional Resources/Important Links:

- ORD Covid-19 SharePoint site (internal to VHA): https://dvagov.sharepoint.com/sites/vacovhacomm/admin/projects/covid19

- Mayo Clinic Convalescent Plasma Expanded Access Website: https://www.uscovidplasma.org/

- American Red Cross: Plasma Donation from Recovered COVID-19 Patients: https://www.redcrossblood.org/donate-blood/dlp/plasma-donations-from-recovered-covid-19-patients.html

Review date for this SOP is June 3,2023