

<p align="center"><b>Summary of Informed Consent (IC) Audits</b>  <b>Conducted Q4 FY 2019</b>  <i>(note: numbers in blue italics are from the 2017 IC audit)</i></p>		
<p>72 <i>(80)</i> protocols reviewed</p> <ul style="list-style-type: none"> <li>• 32 <i>(14)</i> non-IND treatment</li> <li>• 40 <i>(66)</i> observational</li> </ul>	<p>Random selection of 593 <i>(628)</i> participants enrolled between January 1, 2018 – June 30, 2019</p> <ul style="list-style-type: none"> <li>• 197 <i>(95)</i> enrolled in non-IND treatment protocols</li> <li>• 396 <i>(533)</i> enrolled in observational protocols</li> <li>• 28 participants &lt;18 y.o.</li> <li>• 33 participant used short form process</li> </ul>	<p>Outcomes</p> <ul style="list-style-type: none"> <li>• Overall improvement compared to 2017 audit.</li> <li>• QI activities after 2017 audit included: team-based training and development of CCR Informed Consent SOP</li> </ul>
<b>Overall Findings</b>	<ul style="list-style-type: none"> <li>• 14 protocols (19%): no deficiencies found; <i>2 (2.2%)</i>; Improved</li> <li>• 27 protocols (37.5%): no issues reportable to the IRB; <i>3 (3.8%)</i>; Improved</li> <li>• 31 protocols (43%): at least one finding was reportable to the IRB; <i>75 (93.75%)</i>; Improved</li> </ul>	
<b>Finding</b>	<b>Detailed Findings</b>	
Several findings are ≤ 4%	<ul style="list-style-type: none"> <li>• Correct version of consent not used (n=5, &lt;1%); <i>2%</i>; Improved</li> <li>• IC document not in CRIS (n=1, &lt;1%); <i>No change</i></li> <li>• Investigator signature missing (n=1, &lt;1%); <i>None</i></li> <li>• IC obtain by someone not listed on the KSP or delegated to consent (n=23, 4%); <i>2%</i>: worse than previous</li> <li>• Inconsistent dates (n=8, &lt;2%); <i>4%</i>; Improved</li> <li>• Not all embedded questions answered if applicable (4 out of 14, &lt;1%); <i>2%</i>; Improved</li> <li>• Extraneous marks on IC document (n=18, 3%); <i>5%</i>; Improved</li> <li>• No IC note in CRIS (n=24, 4%); <i>23%</i>; Improved</li> </ul>	
Inadequate documentation of IC process (10%); <i>13%</i> - Improved	<ul style="list-style-type: none"> <li>• Applies to 57 records.</li> <li>• CRIS note doesn't specify that the patient received a copy of the IC document (2%); <i>1%</i>, worse than previous</li> <li>• IC process documentation greater than 72 hours (CCR SOP) (8%); <i>6% when measured at one month</i></li> <li>• Missing interpreter name/code in CRIS note (n=3, 9%); <i>collected with other required note elements</i></li> <li>• NIH admin section on short form missing (n=4, 15%); <i>N/A per policy</i></li> <li>• CRIS note missing assent process (n=5, 18%); <i>&gt;50%</i>; Improved</li> </ul>	
For assent process, missing signature/date on IC document or assent document (11%); <i>not collected separately</i>		