NeuroNEXT Network

Standard Operating Procedure (SOP)

Conflict of Interest and Financial Disclosure Requirements

For Clinical Study Sites

Version 2.0

SOP NN GA 104

Originators: NeuroNEXT CCC and DCC Personnel

Reviewed and Approved by:

Signature and Date: DocuSigned by Christopher Coffey Christopher Coffey | I approve this document 14-Feb-2023 | 12:47:18 PM PST C68AC8DD80334CF982AED1200765F147 14-Feb-2023
Name and Title: Christopher S. Coffey, PhD (DCC Principal Investigator)
Signature and Date: DocuSigned by Merit Cudkowicz Merit Cudkowicz | I approve this document 13-Feb-2023 | 8:23:51 AM EST 9F8FE4180E504C6AB0A67B835E80C644 13-Feb-2023
Name and Title: Merit E. Cudkowicz, MD MSc (CCC Principal Investigator)
Signature and Date: DocuSigned by Marianne Chase Marianne Chase | I approve this document 13-Feb-2023 | 8:51:13 AM EST 58FE690F6BCA4F2390E3DA15BCE3F578 13-Feb-2023
Name and Title: Marianne Chase, BA (CCC Senior Director of Clinical Trials Operations)

Signature and Date:

DocuSigned by DIXIE ECKLUND

I approve this document
13-Feb-2023 | 9:47:34 AM PST

7006AF622EFC40B6A067A08EC02591B6

13-Feb-2023

Name and Title: Dixie J. Ecklund, RN MSN MBA (DCC Associate Director)

Signature and Date:

DocuSigned by Stacey Grabert

I approve this document
22-Feb-2023 | 11:36:57 AM EST

60CC52B0747A44E6B2208D8D880698C0

22-Feb-2023

Name and Title: Stacey Grabert, Pharm.D, MS, (CCC Director of Quality Assurance)

Signature and Date:

DocuSigned by Joan Ohayon

I approve this document
13-Feb-2023 | 11:13:20 AM PST

72C6AAFD8CC4485582ACA0700072901A

13-Feb-2023

Name and Title: Joan Ohayon, RN, MSN, CRNP, MSCN (NINDS, NeuroNEXT Program Official)

NN GA 104

NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR CONFLICT OF INTEREST AND FINANCIAL DISCLOSURE REQUIREMENTS FOR CLINICAL STUDY SITES

1. POLICY

It is the Policy of the NeuroNEXT network that all entities and individuals participating in a NeuroNEXT trial must be compliant with U.S. Public Health Service and Food and Drug Administration (FDA) regulations pertaining to objectivity in research, and with relevant requirements of the NeuroNEXT Single IRB (SIRB) regarding protection of human subjects.

2. SCOPE

The policies and procedures described in this SOP apply to the NeuroNEXT Clinical Coordinating Center (CCC) and Data Coordinating Center (DCC) within the context of their oversight and advisory roles for the NeuroNEXT Network, and to all Clinical Study Sites (CSS), NeuroNEXT investigators, staff, subcontractors, or other entities associated with the NeuroNEXT Network who manage, oversee, or conduct research through the Network.

3. ROLES AND RESPONSIBILITY

A. INSTITUTIONAL RESPONSIBLITES AND PROCEDURES UNDER PUBLIC HEALTH SERVICE REGULATIONS:

a. GOVERNING REGULATIONS: Title 42 Code of Federal Regulations (CFR) Part 50 Subpart F and 45 CFR Part 94 (“Responsibility of Applicants for Promoting Objectivity in Research for which Public Health Service Funding is Sought and Responsible Prospective Contractors”) apply to all Institutions applying for, or receiving funds through, the NeuroNEXT network, with the exception of SBIR Program Phase I applicants. Effective no later than August 24, 2012, the applicable regulations shall be Title 42 CFR Part 50 Subpart F “Promoting Objectivity in Research” and 45 CFR Part 94 “Responsible Prospective Contractors” as published in the Federal Register, Vol. 76, No. 165, pp. 5236 et seq. on August 25, 2011. (Hereinafter, “Regulations” refers to either the current or revised regulations, as applicable.)

b. APPLICABLE POLICY AND IMPLEMENTATION:

i. Each Clinical Study Site (CSS) shall have, or be subject to, a policy on financial conflicts of interest that complies with the Regulations and shall be responsible for fulfilling its obligations under the Regulations.

ii. In the event that a CSS does not itself have a compliant policy, it shall so inform the CCC prior to the CCC agreeing to transfer funds to said CSS and the CCC shall confer with the NeuroNEXT Network Conflicts of Interest Committee to determine the policy applicable to the otherwise non-compliant site.

c. CERTIFICATION AND REPORTING: The following procedures shall be followed with respect to certification of compliance with the Regulations and reporting of any identified financial conflict of interest as defined by the Regulations (“FCOI”):

i. Each CSS that is a prime recipient Institution (“Protocol Institution”):

1. Shall certify to NINDS its compliance with the Regulations in its application for NeuroNEXT grant funding; and

2. Shall report, at such time and with such information as required by the Regulations, to NINDS each of its identified FCOIs.

ii. With respect to a CSS that is not a Protocol Institution:

1. If the CSS is a member of the NeuroNEXT Network (“Network CSS”), it

a. Shall have certified in its Master Clinical Trial Agreement (MCTA) with the CCC that it is in compliance with the Regulations, and shall remain so throughout its participation in the Network;

b. Shall be reminded via the NeuroNEXT website through which the CSS enters data for a NeuroNEXT clinical study that the CSS's participation in that study is subject to the terms of the MCTA, and therefore entering of data into the NeuroNEXT website by the CSS shall be evidence of the CSS's compliance with all regulatory requirements in connection with the specific study; and

c. Shall report, at such time and with such information as required by the Regulations, to NINDS each of the Network CSS's identified FCOIs.

2. If the CSS is not a member of the NeuroNEXT network ("Non-Network CSS"), but has a policy that complies with the Regulations, it:

a. Shall certify to the Protocol Institution the Non-Network CSS's compliance with the Regulations no later than the time of the Protocol Institution's application for NeuroNEXT grant funding;

b. Shall be reminded via the NeuroNEXT website through which the CSS enters data for a NeuroNEXT clinical study that the CSS's participation in that study is subject to the terms of the subcontract, and therefore entering of data into the NeuroNEXT website by the CSS shall be evidence of the CSS's compliance with all regulatory requirements in connection with the specific study; and

c. Shall enter into such agreement with the CCC regarding reporting of FCOI's as is required under the Regulations pursuant to 50.604(c); and

d. Shall report to the Protocol Institution, at such time and with such information as required by the aforementioned agreement and in accordance with the Regulations, each of the Non-Network CSS's identified FCOIs.

3. If the CSS is a Non-Network CSS that does not have a policy that complies with the Regulations ("Non-Compliant CSS"), it:

a. Shall notify the CCC during negotiation of the subcontract between the Non-Network CSS and the CCC

b. Shall be reminded via the NeuroNEXT website through which the CSS enters data for a NeuroNEXT clinical study that the CSS's participation in that study is subject to the terms of the subcontract, and therefore entering of data into the NeuroNEXT website by the CSS shall be evidence of the CSS's compliance with all regulatory requirements in connection with the specific study; and

c. Agree to comply with such policy as the CCC, together with the NeuroNEXT Network Conflicts of Interest Committee, shall determine is the applicable policy; and

d. Enter into such agreement with the relevant institution regarding reporting of significant financial interests as is required under the Regulations pursuant to 50.604(c); and

e. Shall report to the relevant institution, at such time and with such information as required by the aforementioned agreement and in accordance with the Regulations, all significant financial interests of the Non-Network CSS investigators.

B. COMPLIANCE WITH FDA FINANCIAL DISCLOSURE REQUIREMENTS:
The IND/IDE sponsor of a Network study that is covered by the FDA regulations regarding Financial Disclosure by Clinical Investigators, 21 CFR Part 54, is responsible for obtaining and maintaining documentation of financial information from clinical investigators in compliance with 21 CFR 312.53 and 21 CFR 812.43, as applicable. The NeuroNEXT CCC may, upon request, assist Protocol Principal Investigators (PPI) who are IND/IDE sponsors with their implementation of these requirements.

C. PROVISION OF COI INFORMATION TO THE NeuroNEXT Single IRB:
Each CSS will be responsible for providing to the NeuroNEXT Single IRB (via the CCC) in connection with each Network study the information regarding its investigator conflicts of interest analysis required by the NeuroNEXT Central Institutional Review Board Authorization Agreement (Reliance Agreement).

D. RESOURCES:
The Network Committee on Conflicts of Interest shall be a resource available to each CSS and to any Investigator participating in a Network study with respect to compliance with this SOP.

4. APPLICABLE REGULATIONS AND GUIDELINES

42 CFR 50 Subpart F	Responsibility of Applicants for Promoting Objectivity in Research for Which PHS Funding is Sought
45 CFR 92	Uniform Administrative Requirements for Grants and Cooperative Agreements to State, Local, and Tribal Governments
21 CFR 54	Financial Disclosure by Clinical Investigators
21 CFR 812.43	Selecting Investigators and Monitors
21 CFR 312.53	Selecting Investigators and Monitors

5. REFERENCES TO OTHER APPLICABLE SOPS

None

6. ATTACHMENTS AND REFERENCES

NN GA-104 - A Document History

7. TERMS AND ABBREVIATIONS

The following terms are used in this document:

CCC	NeuroNEXT Clinical Coordinating Center at Massachusetts General Hospital
CFR	Code of Federal Regulations
CSS	Clinical Study Site that conducts research for a NeuroNEXT protocol
DCC	NeuroNEXT Data Coordinating Center at The University of Iowa
FCOI	Financial Conflict of Interest
FDA	US Food and Drug Administration
IND/IDE	Investigational New Drug Application/ Investigational Device Exemption
MCTA	Master Clinical Trial Agreement
Network CSS	CSS that is within the NeuroNEXT Network
NeuroNEXT PI	Principal Investigator who has been awarded the NeuroNEXT site (infrastructure) grant and has oversight over all NeuroNEXT projects at a Clinical Study Site
NINDS	National Institute of Neurological Disorders and Stroke
Non-Compliant CSS	CSS that is not within the NeuroNEXT Network, and does not have a policy that complies with the Regulations
Non-Network CSS	CSS that is not within the NeuroNEXT Network, and does have a policy that complies with the Regulations
PPI	Protocol Principal Investigator who is responsible for the implementation and conduct of a specific NeuroNEXT protocol at a Clinical Study Site
Protocol Institution	Institution awarded grant for a specific NeuroNEXT protocol/study
SIRB	NeuroNEXT Single Institutional Review Board

8. SPECIFIC PROCEDURES

A. Certification and Reporting

#	*Who*	*Task*	*Attachment/ Reference*	*Related SOP*
1.	Protocol Institution	Certify to NINDS its compliance with Regulations in grant application		
2.	Protocol Institution	Report to NINDS each of its identified FCOIs, in accordance with Regulations		
3.	Network CSS	Certify in MCTA with CCC, compliance with Regulations throughout participation in the Network		
4.	Network CSS	Be reminded that study data entry shall be evidence of CSS compliance with all regulatory requirements in connection with the study		
5.	Network CSS	Report to NINDS each of its identified FCOIs, in accordance with Regulations		
6.	Non-Network CSS that is not a Protocol Institution, but has policy that complies with Regulations	Certify to Protocol Institution, compliance with Regulations prior to grant application		
7.	Non-Network CSS that is not a Protocol Institution, but has policy that complies with Regulations	Enter into agreement with CCC as required under Regulations		
8.	Non-Network CSS that is not a Protocol Institution, but has policy that complies with Regulations	Report to CCC each of its identified FCOIs, in accordance with Regulations		
9.	Non-Network CSS that is not a Protocol Institution, and does NOT have a policy that complies with Regulations	Notify the CCC during negotiation of the subcontract between the non-Network CSS and the CCC		
10.	Non-Network CSS that is not a Protocol Institution, and does NOT have a policy that complies with Regulations	Agree to comply with such policy as the CCC, together with Committee on Conflicts of Interest, shall determine is applicable to the policy		
11.	Non-Network CSS that is not a Protocol Institution, and does NOT have a policy that complies with Regulations	Enter into agreement with relevant institution as required under Regulations		
12.	CCC	Certify to Protocol Institution, compliance with Regulations at the time of grant application		
13.	CCC	Report to NINDS each of its identified FCOIs, in accordance with Regulations		
14.	DCC	Certify to Protocol Institution, compliance with Regulations at the time of grant application		

#	Who	Task	Attachment/ Reference	Related SOP
15.	DCC	Report to NINDS each of its identified FCOIs, in accordance with Regulations		

B. Compliance with FDA Financial Disclosure Requirements

#	Who	Task	Attachment/ Reference	Related SOP
1.	Each CSS	Provide CCC with documentation of financial information (i.e., financial disclosure form) upon request, for any trial that the PPI who is an IND/IDE sponsor requests such information, to be in compliance with 21 CFR Part 54		

C. Provision of COI Information to the Single IRB

#	Who	Task	Attachment/ Reference	Related SOP
1.	Each CSS	Provide NeuroNEXT SIRB, via the CCC, information regarding its investigator conflict of interest analysis, for each NeuroNEXT Network study, as required by the Reliance Agreement	Reliance Agreement	

DocuSign

Certificate Of Completion

Envelope Id: A899A8C5E37B4393B0D342CD2298FE93 Status: Completed

Subject: Complete with DocuSign: NN GA 104 Conflict of Interest and Financial Disclosure Requirements v2...

Source Envelope:

Document Pages: 7 Signatures: 6 Envelope Originator:

Certificate Pages: 6 Initials: 0 Tania Leeder

AutoNav: Enabled TLEEDER@PARTNERS.ORG

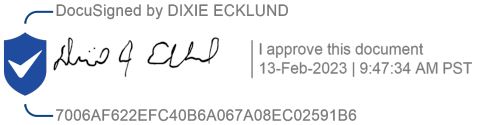
EnvelopeId Stamping: Disabled IP Address: 73.159.130.82

Time Zone: (UTC-05:00) Eastern Time (US & Canada)

Record Tracking

Status: Original Holder: Tania Leeder Location: DocuSign

2/13/2023 8:11:36 AM TLEEDER@PARTNERS.ORG

Signer Events	Signature	Timestamp
Christopher Coffey christopher-coffey@uiowa.edu Security Level: Email, Account Authentication (Required), Login with SSO	 Signature Adoption: Pre-selected Style Signature ID: C68AC8DD-8033-4CF9-82AE-D1200765F147 Using IP Address: 128.255.113.139 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:56 AM Viewed: 2/14/2023 3:47:08 PM Signed: 2/14/2023 3:47:21 PM
Electronic Record and Signature Disclosure: Accepted: 2/14/2023 3:47:08 PM ID: 308ba512-39c3-409c-bb4e-28e3aae5134f		
DIXIE ECKLUND dixie-ecklund@uiowa.edu Security Level: Email, Account Authentication (Required), Login with SSO	 Signature Adoption: Drawn on Device Signature ID: 7006AF62-2EFC-40B6-A067-A08EC02591B6 Using IP Address: 128.255.112.230 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:56 AM Viewed: 2/13/2023 12:45:38 PM Signed: 2/13/2023 12:47:46 PM
Electronic Record and Signature Disclosure: Accepted: 2/13/2023 12:45:38 PM ID: c2b300ed-1a8f-4882-84e6-7a19c8e20090		

Signer Events	Signature	Timestamp
Joan Ohayon ohayonj@ninds.nih.gov Security Level: Email, Account Authentication (Required)	 Signature Adoption: Pre-selected Style Signature ID: 72C6AAFD-8CC4-4855-82AC-A0700072901A Using IP Address: 71.178.185.120 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:57 AM Viewed: 2/13/2023 2:12:53 PM Signed: 2/13/2023 2:13:24 PM
Electronic Record and Signature Disclosure: Accepted: 2/13/2023 2:03:22 PM ID: 385a0a53-0f0c-4395-88f6-d5700c36e050		
Marianne Chase MCHASE@mgh.harvard.edu Sr Director, Clinical Trial Operations Insight OBO The Massachusetts General Hospital Security Level: Email, Account Authentication (Required)	 Signature Adoption: Pre-selected Style Signature ID: 58FE690F-6BCA-4F23-90E3-DA15BCE3F578 Using IP Address: 73.114.253.109 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:57 AM Viewed: 2/13/2023 8:50:51 AM Signed: 2/13/2023 8:51:17 AM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Merit Cudkowicz cudkowicz.merit@mgh.harvard.edu Chief of Neurology Security Level: Email, Account Authentication (Required), Logged in	 DocuSigned by Merit Cudkowicz I approve this document 13-Feb-2023 | 8:23:51 AM EST 9F8FE4180E504C6AB0A67B835E80C644 Signature Adoption: Pre-selected Style Signature ID: 9F8FE418-0E50-4C6A-B0A6-7B835E80C644 Using IP Address: 68.239.56.73 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:58 AM Viewed: 2/13/2023 8:23:41 AM Signed: 2/13/2023 8:23:53 AM
Electronic Record and Signature Disclosure: Accepted: 2/13/2023 8:23:41 AM ID: bfe94ecb-8bbd-43d8-974e-d9b5fd93f484		

Signer Events	Signature	Timestamp
Stacey Grabert sgrabert@mgh.harvard.edu Director QA Stacey Grabert Security Level: Email, Account Authentication (Required)	 Signature Adoption: Pre-selected Style Signature ID: 60CC52B0-747A-44E6-B220-8D8D880698C0 Using IP Address: 132.183.56.49 With Signing Authentication via DocuSign password With Signing Reasons (on each tab): I approve this document	Sent: 2/13/2023 8:13:58 AM Viewed: 2/22/2023 11:36:48 AM Signed: 2/22/2023 11:37:00 AM
Electronic Record and Signature Disclosure: Accepted: 7/20/2020 8:50:14 AM ID: 5ebadf74-e399-40fd-be82-9c7ca902061b		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	2/13/2023 8:13:58 AM
Certified Delivered	Security Checked	2/22/2023 11:36:48 AM
Signing Complete	Security Checked	2/22/2023 11:37:00 AM
Completed	Security Checked	2/22/2023 11:37:00 AM

Payment Events	Status	Timestamps

Electronic Record and Signature Disclosure

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Insight OBO The Massachusetts General Hospital (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a $0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Insight OBO The Massachusetts General Hospital:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:
To contact us by email send messages to: jhenrique@mgh.harvard.edu

To advise Insight OBO The Massachusetts General Hospital of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at jhenrique@mgh.harvard.edu and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from Insight OBO The Massachusetts General Hospital

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to jhenrique@mgh.harvard.edu and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Insight OBO The Massachusetts General Hospital

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to jhenrique@mgh.harvard.edu and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: https://support.docusign.com/guides/signer-guide-signing-system-requirements.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Insight OBO The Massachusetts General Hospital as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Insight OBO The Massachusetts General Hospital during the course of your relationship with Insight OBO The Massachusetts General Hospital.