

NeuroNEXT Network

Standard Operating Procedure (SOP)

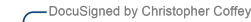

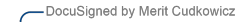

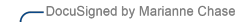

Site Selection and Qualification

Version 3.0


SOP NN SS 401

Originators: NeuroNEXT CCC and DCC Personnel

Reviewed and Approved by:

Signature and Date:   I approve this document 14-Feb-2023 12:34:29 PM PST 14-Feb-2023 <small>C68AC8DD80334CF982AED1200765F147</small>
Name and Title: Christopher S. Coffey, PhD (DCC Principal Investigator)
Signature and Date:   I approve this document 21-Feb-2023 8:01:48 AM EST 21-Feb-2023 <small>9F8FE4180E504C6AB0A67B835E80C644</small>
Name and Title: Merit E. Cudkowicz, MD MSc (CCC Principal Investigator)
Signature and Date:   I approve this document 14-Feb-2023 9:46:08 AM EST 14-Feb-2023 <small>58FE690F6BCA4F2390E3DA15BCE3F578</small>
Name and Title: Marianne Chase, BA (CCC Senior Director of Clinical Trials Operations)

Signature and Date:

DocuSigned by DIXIE ECKLUND
 | I approve this document
15-Feb-2023 | 10:48:05 AM PST
7006AF622EFC40B6A067A08EC02591B6

15-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 | 11:27:34 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
14-Feb-2023 | 9:36:20 AM PST
72C6AAFD8CC4485582ACA0700072901A

14-Feb-2023

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

NN SS 401

NEURONEXT NETWORK STANDARD OPERATING PROCEDURE FOR SITE SELECTION AND QUALIFICATION

1. POLICY

The NeuroNEXT Executive Committee (NEC) will select Clinical Study Sites (CSS) for participation in each Network study, based on the following criteria:

- Scientific expertise in the disease indication
- Projections of patient availability
- Geographic distribution
- History of productivity (when available)
- Site capacity

For the purposes of site selection, the 25 funded NeuroNEXT Clinical Study Sites (CSS) are each considered as a single unit. NeuroNEXT CSS that do not have a fully-executed Master Clinical Trial Agreement (MCTA) and Single Institutional Review Board (SIRB) Reliance Agreement (RA) on file at the Clinical Coordinating Center (CCC) will not be considered for participation in a NeuroNEXT study until such agreements are executed.

If a NeuroNEXT CSS previously indicated interest for two studies and was not selected for either, that CSS will automatically be placed on the list of initial sites for the third study for which they indicate interest.

The Protocol Principal Investigator (PPI) may request the addition of non-NeuroNEXT CSS for participation to ensure adequate recruitment. If the NEC determines that there is a need for additional non-Network CSS, the NEC may make this recommendation to the NINDS. The addition of non-NeuroNEXT CSS is dependent upon NINDS approval. In the event that the PPI requests inclusion of non-US sites, this would require NINDS approval prior to NEC review of the request.

Any Non-NeuroNEXT CSS under consideration will be required to:

- confirm their interest in participating in the study;
- confirm the willingness of their Institution to sign a MCTA and SIRB RA with the CCC; and
- cede review for the study to the NeuroNEXT SIRB.

Each CSS selected to participate in a study will be qualified by the NeuroNEXT Data Coordinating Center (DCC) study monitor and/or Clinical Coordinating Center staff (CCC), unless prior qualification of the CSS is deemed to be sufficient. A qualification telephone screening process and/or pre-study site visit will be used to review the appropriateness of the investigator, his/her staff, facility and resources, and to gauge the understanding of NeuroNEXT policies and applicable regulatory requirements by the investigator and his/her key research staff.

2. SCOPE

This SOP has been developed to be in alignment with federal regulations and Good Clinical Practices (GCP) as set forth in the 2016 Integrated Addendum to ICH E6(R1): Guideline for Good Clinical Practice E6(R2). The policies and procedures described in this SOP apply to the NeuroNEXT CCC and DCC within the context of their oversight and advisory roles for the NeuroNEXT Network, and to all NeuroNEXT investigators, staff, subcontractors, or other entities associated with the NeuroNEXT Network who manage, oversee, and conduct research regulated by FDA and/or applicable review committees.

3. ROLES AND RESPONSIBILITIES

Upon receipt of funding, the NEC is responsible for selecting CSS and communicating its final decision to all interested CSS.

The NEC is responsible for determining if there is a need for participation of additional non-NeuroNEXT CSS in a Network study, and if so, recommending those CSS to NINDS for approval according to the criteria described the Policy section of this SOP.

NINDS is responsible for reviewing and approving/disapproving the addition of any non-NeuroNEXT CSS.

Prior to their consideration as a CSS, each CSS is responsible for: completing a study-specific questionnaire, confirming their interest in participating in the study, and confirming the willingness of their Institution to cede review for the study to the NeuroNEXT SIRB.

After site selection by the NEC, the DCC/CCC is responsible for conducting assessments of each CSS to determine if the investigator is appropriate and if the site is adequately prepared to conduct the study.

4. APPLICABLE REGULATIONS AND GUIDELINES

21 CFR 312.50	General Responsibilities of Sponsors
21 CFR 312.53	Selecting Investigators and Monitors
21 CFR 312.70	Disqualification of a Clinical Investigator
ICH E6, 2.7	The Principles of ICH GCP
ICH E6, 5.1	Quality Assurance and Quality Control
ICH E6, 5.6	Investigator Selection
ICH E6, 5.7	Allocation of Responsibilities
FDA	Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors: FDA Inspections of Clinical Investigators (June 2010)
FDA	Information Sheet Guidance for IRBs, Clinical Investigators, and Sponsors: Clinical Investigator Administrative Actions – Disqualification (May 2010)

5. REFERENCES TO OTHER APPLICABLE SOPS

NN GA 104	Conflict of Interest and Financial Disclosure Requirements for Clinical Study Sites
NN GA 106	Publication Policy Development
NN GA 107	Data Sharing
NN GA 109	Sharing Data with Industry Collaborators
NN SM 601	Single Institutional Review Board (SIRB) Reliance Process
NN SM 602	Single Institutional Review Board Reporting

6. ATTACHMENTS AND REFERENCES

NN SS 401 – A	Document History
---------------	------------------

7. TERMS AND ABBREVIATIONS

The following terms and abbreviations are used in this document:

CCC	Clinical Coordinating Center at Massachusetts General Hospital
CSS	Clinical Study Site(s)
DCC	Data Coordinating Center at The University of Iowa
FDA	U.S. Food and Drug Administration
ICH	International Council for Harmonisation
MCTA	Master Clinical Trial Agreement
NEC	NeuroNEXT Executive Committee
PPI	Protocol Principal Investigator
RA	Reliance Agreement
SIRB	Single Institutional Review Board

8. SPECIFIC PROCEDURES

A. Site Selection

#	Who	Task	Attachment / References	Related SOP
1.	CSS	Prior to site selection, the CSS must confirm its interest in participation and willingness to cede review of the study to the SIRB.		NN SM 601 NN SM 602
2.	CSS	Must have executed MCTA and RA on file at CCC prior to consideration for site selection. Non-NN sites must provide in writing that they would be willing to enter into study specific CTA and RA prior to being considered for site selection. The CTA and RA for non-NN sites must be fully executed prior to site activation.		NN GA 104 NN GA 106 NN GA 107 NN GA 109 NN SM 601 NN SM 602
3.	NEC	Select sites for each Network study based on criteria stated in the Policy section of this SOP, and communicate final site selection to all interested CSS.		

B. Site Qualification

#	Who	Task	Attachment / References	Related SOP
1	NINDS	General site qualification is part of the NN grant review process. Sites awarded NN site grants have provided documentation of their training and qualification to participate in clinical trials across a spectrum of neurological disorders and diseases.		
2	PPI/NEC/DCC/CCC	During the site selection process sites provide information via study specific study site survey regarding training, qualifications and feasibility of performing as a participating site.		
3	DCC/CCC	A Site Initiation Webinar/Visit (SIW/SIV) is conducted for each CSS selected for each trial during which regulatory, SIRB, NeuroNEXT and protocol requirements are reviewed with CSS staff.		NN SS 402


Certificate Of Completion

Envelope Id: F625F543C0174575BEDE958750223F23	Status: Completed
Subject: Complete with DocuSign: NN SS 401 Site Selection and Qualification v3.0.docx	
Source Envelope:	
Document Pages: 5	Signatures: 6
Certificate Pages: 6	Initials: 0
AutoNav: Enabled	Envelope Originator: Tania Leeder TLEEDER@PARTNERS.ORG IP Address: 73.123.188.5
Envelopeld Stamping: Disabled	
Time Zone: (UTC-05:00) Eastern Time (US & Canada)	

Record Tracking

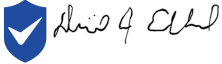
Status: Original 2/14/2023 9:43:00 AM	Holder: Tania Leeder TLEEDER@PARTNERS.ORG	Location: DocuSign
--	--	--------------------

Signer Events

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: 2/14/2023 9:44:55 AM Viewed: 2/14/2023 3:34:13 PM Signed: 2/14/2023 3:34:40 PM

Electronic Record and Signature Disclosure:
Accepted: 2/14/2023 3:34:13 PM
ID: 5d55cf83-bba3-4186-ab3a-476977a6bc58

DIXIE ECKLUND
dixie-ecklund@uiowa.edu
Security Level: Email, Account Authentication (Required), Login with SSO

DocuSigned by DIXIE ECKLUND
 | I approve this document
15-Feb-2023 | 10:48:05 AM PST
7006AF622EFC40B6A067A08EC02591B6

Sent: 2/14/2023 9:44:55 AM
Viewed: 2/15/2023 1:45:38 PM
Signed: 2/15/2023 1:48:08 PM

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

Electronic Record and Signature Disclosure:
Accepted: 2/15/2023 1:45:38 PM
ID: 182ae0d2-f632-4399-a951-e7f8d3b86763

Signer Events	Signature	Timestamp
---------------	-----------	-----------

Joan Ohayon
ohayonj@ninds.nih.gov
Security Level: Email, Account Authentication (Required)

Joan Ohayon

Sent: 2/14/2023 9:44:57 AM
Viewed: 2/14/2023 12:36:01 PM
Signed: 2/14/2023 12:36:24 PM

Signature Adoption: Pre-selected Style
Signature ID:
72C6AAFD-8CC4-4855-82AC-A0700072901A
Using IP Address: 156.40.137.188

With Signing Authentication via DocuSign password
With Signing Reasons (on each tab):
I approve this document

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), Logged in

Marianne Chase

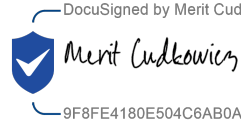
Sent: 2/14/2023 9:44:56 AM
Viewed: 2/14/2023 9:45:44 AM
Signed: 2/14/2023 9:46:13 AM

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

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)


DocuSigned by Merit Cudkowicz
 I approve this document
21-Feb-2023 | 8:01:48 AM EST
9F8FE4180E504C6AB0A67B835E80C644

Sent: 2/14/2023 9:44:57 AM
Viewed: 2/21/2023 8:01:39 AM
Signed: 2/21/2023 8:01:50 AM

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

Electronic Record and Signature Disclosure:
Accepted: 2/21/2023 8:01:39 AM
ID: 2de50a89-4993-4512-89ff-95e49d207c53

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: 2/14/2023 9:44:57 AM Viewed: 2/22/2023 11:27:23 AM Signed: 2/22/2023 11:27:37 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	2/14/2023 9:44:58 AM
Certified Delivered	Security Checked	2/22/2023 11:27:23 AM
Signing Complete	Security Checked	2/22/2023 11:27:37 AM
Completed	Security Checked	2/22/2023 11:27:37 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.