

Newsletter January 2023 Issue 13



We continue to ramp up: 12 pts were enrolled in December!

Special thanks to Baystate who enrolled 6 in one month, and Utah for their 1st!

Look forward to several more screening sites in January!

-Pooja Khatri, MD, MSc

Thank you all!!

Sites Released to Enroll

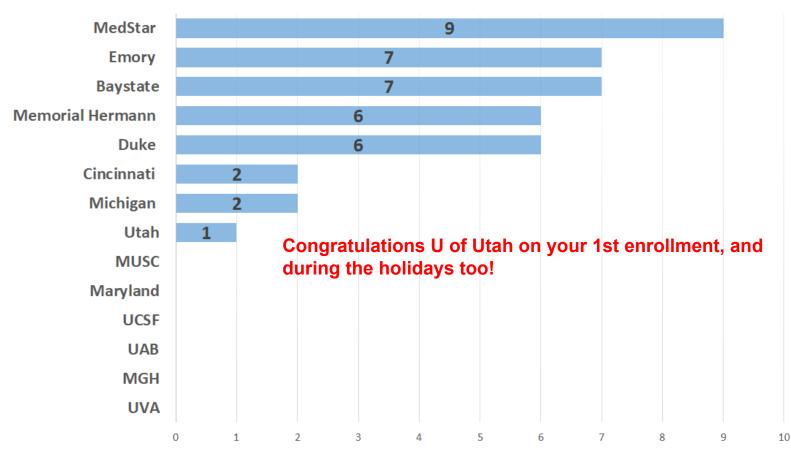
- University of Cincinnati Medical Center
- MedStar Washington Hospital Center
- Emory University
- UT-Memorial Hermann Texas Medical Center
- University of Michigan
- Medical University of South Carolina (MUSC)
- The University of Utah
- Baystate Medical Center
- UVA Medical Center
- Duke University Hospital
- Massachusetts General Hospital
- University of Maryland Medical Center
- UPMC Presbyterian Hospital *
- University of Alabama *
- * Indicates site activated
- UCSF Medical Center *
 University of Wisconsin*
- nter * since last newsletter
- HAPPY NEW YEAR 22 0 22 3 0

Study Reminders

- If a Spanish-speaking interpreter is needed to help consent a participant & your hospital is charging for this service, the study will cover this cost (up to \$300 maximum per patient).
 - Please send invoices directly to Lisa Mundo at <u>mundokl@ucmail.uc.edu</u> & the study will DIRECTLY pay the translators.
- All sites using RedCAP eConsent should ensure that all consenters have completed the following training:
 - o https://redcap.link/StrokeNet_eConsent_Training
 - o In addition, the VERIFY specific RedCAP eConsent Guide is available in the WebDCU toolbox tab.
- A diagnosis of COVID-19 is not an exclusion in and of itself, but only if it leads to other exclusions.

Enrollment Updates

VERIFY TOTAL ENROLLMENTS: 40/657



New enrollments since last newsletter

- Baystate +3
 PI-Dr. Gottfried, PSC- Sirisha Nouduri
- MedStar, +2
 PI- Dr. Edwardson, PSC- Jamal Smith
- Duke, +2
 PI- Dr. Feng, PSC- Tato Sokhadze
- Michigan, +1
 PI- Dr. Krishnan PSC- Shannen Bolde
- Cincinnnati, +1
 PI- Dr. Boyne, PSC- Erin Wagner
- Utah, +1
 PI- Dr. Richards, PSC- Megan Gardner



Are you audit ready? Tips for sites

- Ensure that a signature and delegation of responsibilities log is kept complete and up to date.
 - <u>Suggestions for sites:</u> The VERIFY study recommends printing the initial DOA from WebDCU & have the site PI sign/date the page. This will provide documentation of PI acknowledgment at the site level. In addition, please follow your site's local guidelines and standard operational procedures regarding the DOA.
- Ensure all stamped approval and approved documents for the sponsor and all sites are in the regulatory binders.
 - <u>Suggestions for sites:</u> Please remember that your site should have a regulatory binder for the study onsite. This binder can either be physical (hard copy) or electronic. The stamped approved & approval regulatory documents should be kept in this binder at your site. This will help prepare your site for an audit.
- Ensure staff members update and/or take required training.
 - <u>Suggestions for sites</u>: Please ensure you are paying attention to emails from WebDCU and the Cramer lab about upcoming expiring trainings for your site staff.
 - The FM & ARAT require recertification every 6 months. The Cramer lab will send reminder emails at 1 month & 1 week prior to these trainings expiring.
 - It is the site's responsibility to ensure no assessment is performed by study staff with expired trainings.

If a site staff performs an assessment with an expired training, it is a protocol deviation

- Ensure a NTF is kept for staff members using modified or alternative names.
 - <u>Suggestions for sites:</u> If you have study staff with modified/alternative names, please write a note-to-file (NTF) noting this information. This way if your site is audited, the auditor will know that the alternative names are referring to the same person. A NTF template is available in the Toolbox tab of WebDCU. You are also more than welcome to use your own NTF template.
- Ensure all required study staff sign and date a COI, they are completed fully and accurately are kept in the regulatory file.
 - <u>Suggestions for sites:</u> Please remember that your site should have a regulatory binder for the study onsite. This binder can either be physical (hard copy) or electronic. All conflict of interest forms (COIs)/financial interest disclosure forms (fCOIs) should be kept in this binder. This will help prepare your site for an audit.
- Ensure lab directory CVs and laboratory normal values are kept with laboratory documentation.
 - <u>Suggestions for sites:</u> Your laboratory certifications (CAP/CLIA) can be kept onsite in your regulatory binder, under a tab titled "laboratory documentation". This will also help prepare your site for an audit.

Audit readiness is important, as the study & sites can be audited at anytime







When to use a witnessed consent process

- When subject is cognitively capable of providing consent, BUT
 - o Is illiterate
 - o Is consenting using a short form
 - In VERIFY, short forms are only used if a Spanish consent form is not available at your site. Please note that not all sites will need a Spanish version of the consent form.
 - o Is unable to physically sign AND date the consent
 - o The participant should make their mark if able
- An impartial witness = <u>NOT</u> a study team member, a friend, family member, or the subject

 An example of an impartial witness is a clinical nurse.

VERIFY does NOT allow Legally Authorized Representatives (LARs)

WITNESS SIGNATURE for participants who cannot read The study participant has indicated that they are unable to read. The consent document has been read to the participant by a member of the study staff, discussed with the participant by a member of the study staff, and the participant has been given an opportunity to ask questions of the study staff. The participant has indicated verbally that they understand the study and voluntarily consent to take part.	
Printed Name of Impartial Witness	
Signature of Impartial Witness Date	The impartial witness must be
WITNESS SIGNATURE for participants who cannot sign and date their name The study participant is currently unable to sign and date their name due to the effects of their stroke. They have discussed the study with a member of the study staff, and the participant has been given an opportunity to ask questions of the study staff. The participant has indicated verbally that they understand the study and voluntarily consent to take part. Printed Name of Impartial Witness	present during the consent process & sign the consent documents in the appropriate areas.

<u>Webinars</u>

- PI/CRC webinars occur on the 3rd Monday of each month, 4pm-5pm EDT. Next PI/CRC webinar is on 01.23.2023.
 - o https://ucincinnati.zoom.us/j/96525424408

Meeting ID: 965 2542 4408

 CRC webinars occur on the 4th Tuesday of each month, 12pm-1pm EDT. Next CRC webinar is on 01.24.2023

o https://ucincinnati.zoom.us/j/93360687517

Meeting ID: 933 6068 7517

	Study Cont	act Information
CIRB- Regulator Betsy Casillo Kalli Beasley	y contacts: betsy.casillo@advarra.com beasleki@ucmail.uc.edu	513.619.1679
<u>CTA contact:</u> Sasha Simms	simmssc@ucmail.uc.edu	513.558.3924
<u>All other study q</u> Lisa Mundo	<u>uestions:</u> mundokl@ucmail.uc.edu	

Email QUESTIONS to: verifystudy@ucmail.uc.edu

Race to Activation Tracker															
Site Name	CTA Executed	CIR5 Approved	DOA Approved	Investigator agreement form's uploaded	TMS Shipping Address entered	TMS Machine obtained	At least 1 TMSD online training Completed	Greenilghted to start TMS HV Training	Uploaded TMS HV deta to RedCAP	TMS HV Training Completed for at least I TMSO	TMS Technique Check	MRI Phantom Approved	All WebDCU Documents uploaded	Site Activation Meeting Completed	Site Activated
University of Maryland Medical Center													1 - L		-
NYU Langone Medical Center - Tisch Hospital													Contract of the local diversity of the local		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
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OSU Wesner Medical Center									600	-			-		
University of Texas Southwestern Medical Center									-						
Lahey Hospital & Medical Center									-						
Pennsylvania Hospital									66	-		-			
Houston Methodist Hospital								-	0						
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